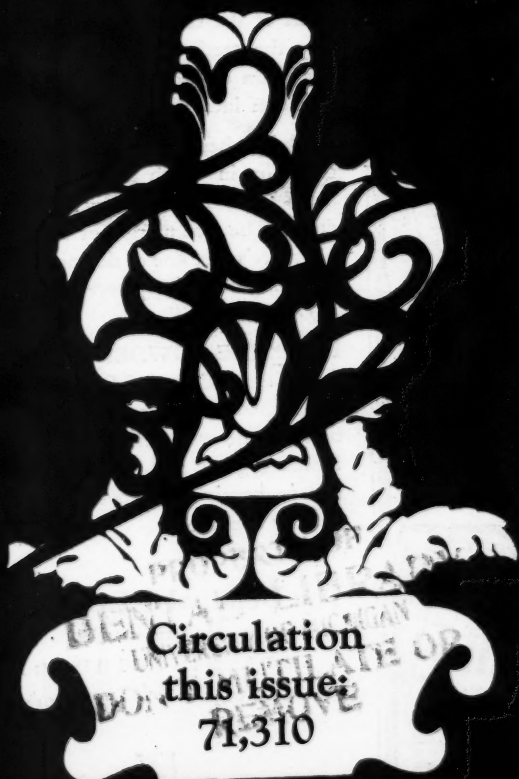


ORAL HYGIENE





Dental Observation in Reference to **GUM-GRIPPED TEETH**

Every dentist knows the importance of strong, healthy supporting tissues in the mouth. One of their outstanding functions is to protect the health and alignment of the teeth. In true health they hug the teeth closely, preventing the impaction of food and the entrance of infection into the gingival crevice.

To keep these supporting tissues in a condition in which the teeth are gum-gripped is one of dentistry's constructive duties. The free margin of the gingivae is Nature's first line of defense. Help her to maintain it by prescribing PYROZIDE POWDER.

PYROZIDE POWDER for the home use of the patient and DENTINOL for use at the chair makes an ideal combination for the treatment of sore, spongy, bleeding gums and is extremely effective in keeping the mouth in a clean, healthy condition.

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Incorporated

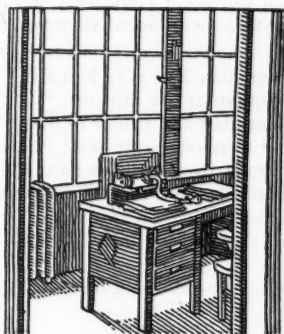
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THE
Publisher's



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No. 125

CORNER

By FRANK A. DUNN, D.D.S.

Pinch-hitting for Mass

[During October, Dr. Ted Christian and I attended the banquet of the Cleveland Dental Society, listening to splendid spiels by Dr. George Wood Clapp and Dr. Frank A. Dunn. They didn't ask us to make speeches, which was a comfort; we just stood up, with flaming faces, and took bows. After the banquet, Frank Dunn invited us to his bachelor apartment, along with Doctors Bill Beutel, Fred Beutel, Herb Hoppe, and Paul Aufderheide, president of the Ohio State Dental Society. Somebody mentioned the Corner and as usual I complained that Corners are difficult to write. "Shucks," said Frank Dunn, "I'll write one for you!" and he did. And here it is. Oh happy day!—*Mass*]

WHAT is a gentleman? That's a question upon which many scholars have pondered. Macaulay, who could talk eloquently and learnedly upon almost any subject, passed it up; John Henry Newman's definition of a gentleman has been widely quoted; and Mark Twain answered it with his beautiful biographic note on Patrick McAleer, his coachman.

And shout the glory of the wise young woman who answered it with, "He's a man you don't know very well."

But getting down to a professional slant on the matter—

The finest man I've ever known?

That question is a fair one,

And I am glad and proud to own

I have in mind a rare one:

A gentleman from head to foot,

Well mannered and well spoken;

A porcelain jacket I'd just put

Upon a tooth he'd broken.

"How much?" said he,

Said I, "'Twill be——"

I named a good sized figure,

But it was fair,

The work was there;

I might have made it bigger.

He looked into the mirror and

He smiled at his reflection;

"The tooth," said he with outstretched hand,

"Is absolute perfection."

That gentleman indeed was what

I'd surely call a winner,

He thanked and paid me on the spot

And took me out to dinner.

"What is the matter with meetings?" asked Dr. Rea Proctor McGee in ORAL HYGIENE for September.

Considering all kinds of meetings, from labor unions to directors' conferences, one answer is, "Wind." Five hundred words are used for remarks that could be said better in fifty words; and frequently the fifty would be better unsaid.

"Mr. President!" called one of those talkaphobiacs at a meeting when the presiding officer came to the rule For the Good of the Order, "Mr. President!" A voice from the end of the hall, "Sit down! didn't you hear him say for the good of the order?"

And that humorous bit is not made up but actually happened.

Dr. Ted Christian, Assistant Publisher of O. H., recently gave a dinner to a number of his business associates and representative dental supply dealers.

Miss Connally of ORAL HYGIENE owned a gold watch of which she was proud and she thoughtlessly showed it to the person sitting beside her. Being a group of publishers and dental supply dealers, obviously when she asked for her watch nobody seemed to have it. Dr. Christian rose to action with diplomatic splendor. He announced with a smile that someone, for a joke, was retaining Miss Connally's valuable gold watch.

"Now," he said with firmness, "this joke has gone far enough and I want it stopped. I shall have all the lights in this room turned off for one minute and whoever has that watch will put it in this gold and silver bowl on the table." And he pointed to a gold and silver bowl.

The lights were turned off for one minute and when they were turned on, the gold and silver bowl was gone.

There was an item in ORAL HYGIENE some time ago to the effect that a publisher had had difficulty in getting manuscript from Emerson because Emerson was so careful of his words that he found it necessary to write them again and again.

A dentist found great comfort in that item. He had written a paper, and parts of it he had to write two or three times. That made him think he was dumb. It comforted him to find that he and Emerson were alike.

Schoolrooms are fertile ground for actual humorous happenings far funnier than those made up. A teacher listening to a pupil reading aloud from Scott's *Robin Hood* was startled to hear him say, "His comrades shouted applesauce."

"It was optical illusion," said the teacher, telling the story. "I called him to my desk and he showed me the line, 'His comrades shouted applause.' You see, the word looked like 'applesauce' to him."

The kid undoubtedly slipped one over on teacher. Still he wasn't far wrong in finding a marked similarity between applause and applesauce.

Do you listen to the "Devils, Drugs and Doctors" broadcast by Dr. Howard W. Haggard on Sunday nights? If not, you are missing a post-graduate course in culture and dental economics. Better still, read the book *Devils, Drugs and Doctors*. Give it to your wife for a birthday or anniversary present.

Books and reading have been glowingly written about by hosts of wise men. Andrew Carnegie who was guided in his reading,

when a young man, by a Colonel Anderson, said this: "To him I owe a taste for literature which I would not exchange for all the millions ever amassed by man; life would be quite intolerable without it."

There is wealth in books, literally twenty dollar bills scattered among their pages. Would twenty dollars or a hundred times twenty dollars buy the enjoyment that a lover of Burns or Wordsworth or Browning has found in his favorite? By the whiskers of Zeus, *no!*

But these are poets, and possibly you don't care for poets. Why not books on hunting? You may not find twenty dollar bills in them but the right ones will give you an abundance of thrills. Every public library should have books by Frederick Selous on hunting elephants and lions in Africa. Find the shelf that holds Selous' books and you will undoubtedly find dozens of others on the same shelf.

Maybe you prefer fishing. Theodore Roosevelt said that a harpooned whale made a wounded tiger look like a purring pussy cat, or words to that effect. *The Cruise of the Cachalot*, by Frank Bullen is old, but his experiences while catching whales will give you some quick breaths.

You will undoubtedly find it in your public library with dozens of similarly stirring books on the same shelf.

If you are skeptical about twenty dollar bills in books, listen to this:

A young man was going on a long journey, and his grandmother wanted to make sure that he would keep his feet on the straight path. She bought a Bible for him.

"William," she said, "here is a Bible—you will be away for a year—promise your old grandmother that you will read a page of this Bible every day."

William smilingly took the Bible and promised her that he would read a page of it every day.

He returned at the end of a year, and after an affectionate greeting the grandmother asked, "William, have you the Bible, and did you read a page of it every day?"

"You bet," said William, "here it is." And he reached into his bag and drew out the Bible and handed it to his grandmother.

"That's the good boy," said the grandmother, and she opened the Bible and took out the twenty dollar bill she had put between the covers.



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**A translucent, non-discoloring cementing and
filling material that wins the admiration
of every dentist who uses it**

That you too will like it is without question, for who is the dentist who has not longed for a cement that possesses positive germicidal activity, non-discoloration, great strength, stable volume, resistance to masticatory stress and the disintegrating attacks of oral fluids.

It fills many needs in the dental office. It may be used under porcelain facings, crowns, inlays, without fear of discoloration. Gold inlays, crowns, bridges, etc., stay put when cemented with it. It is unquestionably good for filling broken down areas, food retentive and fissured grooves in deciduous teeth and for the cementing of orthodontic bands.

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ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

December, 1931

- What You Can Do for Dentistry—
and Yourself - - - - - 2618
By L. W. Dunham, D.D.S., New York City
- Memphis Memories - - - - - 2624
*By T. N. Christian, D.D.S.,
Assistant Publisher, ORAL HYGIENE*
- Arkansas Dentistry in the Forties - - 2635
By W. J. Cate, D.D.S., Fort Smith, Ark.
- Feeling Dentistry's Pulse - - - - - 2640
By Diagnostician
- The Beginning of Wisdom - - - - - 2644
*By Alonzo Milton Nodine, D.D.S.,
L.D.S.R.C.S., L.R.C.P., M.R.C.S.,
New York City*
- Dear ORAL HYGIENE - - - - - 2650
- Don't Mention It? - - - - - 2654
*By Edward C. Freeland, D.D.S.,
Battle Creek, Mich.*
- ORAL HYGIENE's Library Table - - - 2656
- Anesthesia in Exodontia - - - - - 2658
By D. H. Irwin, D.D.S., Kansas City, Mo.
- Ask ORAL HYGIENE - - - - - 2660
*Conducted by V. Clyde Smedley, D.D.S.
and George R. Warner, M.D., D.D.S.*
- The Case of Dr. Jones - - - - - 2664
(The Dilemmas of Dentistry—XII)
By Ex-Dentist
- Editorial Comment - - - - - 2674
- Tempus Fugit - - - - - 2685
- Are You Guilty? - - - - - 2686
By W. E. Hoffman, D.D.S., Nevada, Mo.

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A Journal for Dentists



Twenty-First Year

DECEMBER, 1931

Vol. 21, No. 12



"Go ahead, young feller, do everything you can think of, and charge me the limit—I'm Santa Claus himself!"

What You Can Do *for* Dentistry —and Yourself

By L. W. DUNHAM, D.D.S.

Editorial Note

While the proof of this article was being read, the November issue of *The Journal of the American Dental Association* arrived, carrying Dr. C. N. Johnson's splendid editorial, "The Possible Solution of a Double Problem." Dr. Johnson presents an almost identical idea. So it *must* be good!

WE are informed that one of the serious purposes of a forthcoming dental society celebration is to create a foundation for the relief of any need or distress that may occur among the members.

This movement, which is entirely laudable, deserves, and should receive, the whole-hearted support and co-operation of every member.

While the need for such a foundation is entirely natural, it should arouse us to a serious

study of the underlying economic phases of the problem.

With the whole world suffering economic depression, it is not to be expected that dentistry could escape, especially since we have been inoculated with the virus of high-pressure salesmanship, over-expansion, over-inflation and all the other commercial diseases that have destroyed the common sense judgment of most of the so-called "giants" of industry, with the resulting destruction of business. They are learning their lesson, and now let us learn ours.

First, we should make it a part of our innermost beliefs that we should not try to ape *business* while we are members of a *profession*.

Patients are *not* customers, and the sooner our attitude toward them becomes professional, the sooner we shall enjoy a return of the confidence and respect that professional men should have—yes, *must* have, if we are to do our best for them as well as for ourselves.

Second, we must learn that



Patients are not customers and the sooner our attitude toward them becomes professional, the sooner we shall enjoy a return of the confidence and respect that professional men should have.

the most unhappy and resentful soul that lives is the patient who has been "over-sold"! The "big jobs" that we have all longed for have kept more patients away from our offices than any other one factor. When a patient has been sold some dental jewelry which he cannot afford he expects perfection; and if he doesn't get it (and who does?), his attitude reflects not only on the successful (?) salesman, but on the entire profession. His friends are treated to lurid accounts that help to break down confidence, and when they are driven to a dentist their resistance and antagonism are apparent. What should be a consul-

tation and meeting of minds becomes a battle with more salesmanship and more eager reaching out for the "big job."

If you who read this have not had such experiences, you are to be congratulated, but if you complain that you do not have a chance because you do not have enough patients, you can thank the high-powered brethren for a lot of that trouble.

Third, let us once and for all realize that there is no money in dentistry! You know what I mean. If it's money you're after, get into something else where your talents can have full sway.

There is a comfortable living

for the man who will approach his work in the right spirit and who is satisfied to live simply, and such a man may even afford enough life insurance to protect his family and provide a modest retirement fund late in life. This is all, except for the fortunate exceptions who can attract patients from the higher financial circles. They are not for you.

If you are a true professional man, there are, however, compensations from dentistry that transcend the joys (and sorrows) of the moneyed class. There is a reasonably happy life, full of satisfactions of an enduring kind for the man who loves dentistry and practices it as a means of service and a means of livelihood and *not* as a means of *making money*.

Fourth, among the lessons we should learn, but one of the most difficult ones of all to accept, is the absolute necessity to refrain from any professional movement to educate the public through printed matter, radio addresses and other means of "advertising dentistry to the public"!

Of all the schemes this is the most pernicious, the most fraught with dangers, and the most subversive of all that stands for the normal development of dentistry as an independent profession. Mark my words well. When organized dentistry goes into the paid propaganda field (aping big business again), it will be the most colossal blunder in her

long and more or less honorable history. It will hasten the break-up. It will call into action forces which the dental profession is in no position to combat, and it will put into power individuals and interests whose principal aims are selfish, however short-sighted.

For every earnest and sincere dentist who seeks only to save the public from the ravages of dental disease through education there are a hundred who are interested primarily in getting the money or in acquiring power through the forces which dental advertising will set free.

Put me down as an alarmist, if you please, or say that I am so steeped in traditionalism that I am ignorant of the ways of progress, but let there be no blinking at the facts when this thing called "dental education of the public" gets out in the open. And it will surely get there unless a good many traditionalists and professional men learn this lesson quickly.

Opinions to the contrary notwithstanding, it is generally believed that the majority of the people who can afford and who of course need *good* dentistry are thoroughly aware of the existence of dentists. Most of these people visit some dentist when they think they need some dental work, but *a great many of them do not get good dentistry at fair fees when they do go to a dentist, and I don't mean those who go to advertising dentists!*

The only source from which

you can recruit any considerable number of dental patients through advertising is that 90 per cent of our *families* whose incomes are under \$2500 a year!

If you *want* this group dentally conscious and clamoring for fees they can afford to pay, you will have to change your ideas about work and what you get for it. The old slogan, "Large sales and small profits are the secret to success," that is, "Many patients and small fees," *may* be the secret of dental success, and, to a certain extent I believe it is, but *not* as many patients nor as small fees as this education is apt to bring you.

If you want to keep the trend of the profession under your control, you will do well to avoid arousing any considerable number of that 90 per cent. Far better for dentistry to adopt professional readjustment—education of the profession to an appreciation of *better dentistry* and a more liberal attitude toward the public.

The best way to educate the public is at the chair. See that *your* patients are told a *little* of what dentistry can do for them, and see that the service you render is *good* and the fee you charge is fair. That's the kind of education the public *needs*, and it's what dentistry *needs*—but neither is getting nearly enough.

Instead of crowding in all the work that can be done for a patient at the highest fees the

traffic will bear, you might find it more profitable in the long run to do what is necessary at a fair fee, gain the patient's confidence, encourage three or four visits a year, and in the long run do more work for more patients for less money per patient but for more money in the aggregate.

A safe and sane adjustment of this kind will build and hold a family practice. But it will never be popular. Most of you would rather make one restoration for \$500, with the chances even that your patient won't think the "job" was worth it, than to work for fifty patients at an average fee of \$10 per patient and have about thirty *families* singing your praises as a fine dentist, reasonable in your fees. Many dentists are so afraid that they'll never see the patient again that they try to sell him everything but the sign at the first visit.

Many dentists have entirely misinterpreted the sound teachings of dental economics, and many so-called "teachers" have applied big business methods to a struggling profession and have only succeeded in making matters worse. Unfortunately, there is no magic formula for undoing the damage and putting the rank and file of the profession back on a sane footing.

There are a few homely reforms and unspectacular processes that must gain ground before the average dental practice can arrive at a normal expect-

tancy after twenty years' existence:

A heartfelt reaffirmation of professional principles.

A true understanding and acceptance of the meaning of service.

The *application* of a few simple rules of economics, which you all know.

The development of a reasonable consideration for the patient as a human being who is struggling for a living just as you are, and a realization of the fact that fair dealing will do more to hold patients than high pressure.

In short, let us try to keep the business of the office in its place and give to the professional attitude toward the patient and toward the work our undiluted allegiance and loyalty. Then and only then can we expect any degree of satisfaction or contentment.

If dentistry hopes to rise in the estimation of the public to the full stature of a profession, there must be a widespread acceptance of responsibility for public service. Dentistry is woefully lacking in that respect.

The advocates of dental education for the public are very solicitous of the welfare of the dear laity, but they are more interested in a chance to treat them at so much an hour than in assuming any part of the responsibility for alleviating the condition of the poor, as the medical profession has done for generations.

We hear much about den-

tists' idle hours, and many certainly have time on their hands. As a partial solution of the need for public service, and incidentally some other needs as well, suppose every dentist in this country should agree to devote one hour a week in his office to the care of the teeth of poor children and adults.

Dentists in the various cities could apply to recognized charitable institutions, while dentists in the small towns and hamlets could request school superintendents, county visiting nurses, and other agents in touch with conditions, to furnish them with patients whom they would serve free during that one hour each week.

Even if a single patient was served, about sixty-five thousand worthy poor could be treated each week at a trifling cost to each individual dentist! Think what that would mean in service in a year. Think of how the public estimation for dentistry would rise. Think of the perfectly proper, ethical publicity that would result. Think of the personal satisfaction that would come to every mother's son of you in the knowledge that you were doing something for your fellow man and for your profession that no amount of money could ever buy! And while you're thinking, do not overlook the possibilities for actual profit in such an altruistic scheme. All poor people, especially poor children, do not remain poor always. Some of your charity people may develop into paying

patients some day. But forget that!

You may ask, "What will this grand scheme cost?" Not much. You have your office. You have your time and might better be serving your profession and the public for that hour a week than reading the well-known "S.E.P." The only items left are materials. I doubt if you could possibly use more than a dollar's worth of cement or amalgam or other materials for that type of work in an hour. Even a dentist struggling to make ends meet could afford that!

Now don't say, "It won't work," because *I know it will because it has worked!* It calls for no red tape, no organization, nothing but the individual will to work and help.

With all the dental magazines arousing the profession to

this opportunity to serve, it will go over.

You do your hour a week and your neighbor will get in line, but whether he does or not is up to him. You do yours! Will it do any good? How can it possibly fail to do good? It will furnish literally overnight sixty-five thousand clinics free for one hour a week for an average of fifty weeks a year or three million two hundred and fifty thousand dental hours a year for the poor children and needy adults. At an average of three dollars an hour dentistry's contribution in service would be approximately \$9,750,000 a year to public service.

Forget big business for a while and remember that the methods of the tradesman have never made for permanent success in any profession.



Dr. L. W. Yates and his son, of Waukegan, Ill., have combined two interesting hobbies in producing the statuettes shown above—a life-long interest in horses and in modeling. The original was made of plasticene and will be cast in bronze.

Memphis

By

T. N. CHRISTIAN, D. D. S.

Assistant Publisher

A COAST-to-coast hook-up of an all-star dental program! That is the way the Seventy-third Annual Session of the American Dental Association would have been announced over the radio.

To some twenty-five hundred A.D.A. members it was a combined postgraduate course and vacation. There were dentists from every state in the Union and from several foreign countries.

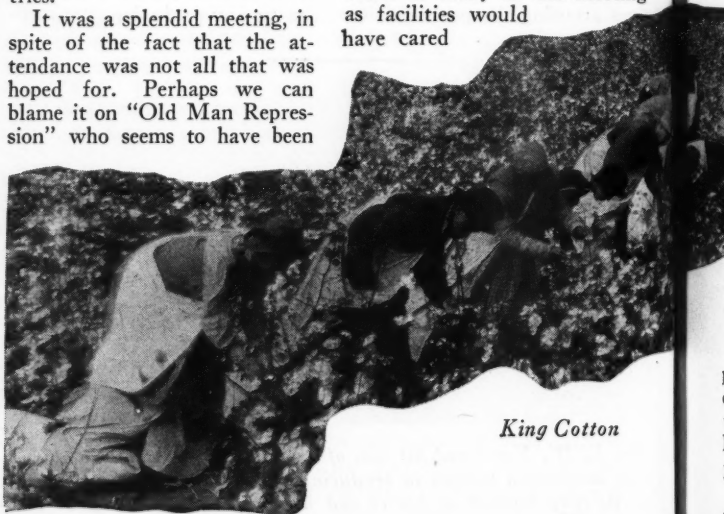
It was a splendid meeting, in spite of the fact that the attendance was not all that was hoped for. Perhaps we can blame it on "Old Man Repression" who seems to have been

making a nuisance of himself around dental reception rooms.

Stimulus

It was, however, more or less the same crowd one sees at all dental meetings, so it would appear that attending conventions must be a stimulus to their practices or they wouldn't be able to keep on going.

At any rate, there were just about as many at the meeting as facilities would have cared



King Cotton

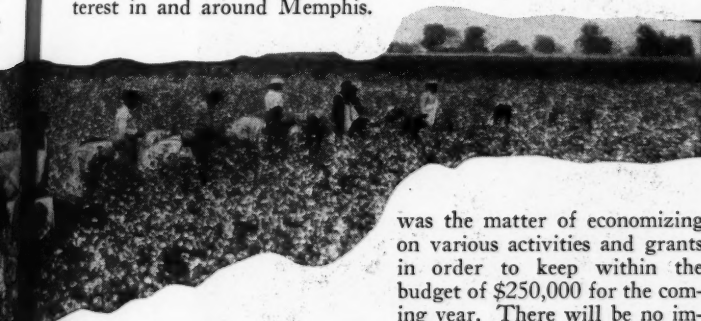
s Memories

for; all had a good time and came away with something to help them in their practices. Memphis lived up to her reputation and made everyone feel the warmth of her southern hospitality. The weather was perfect and made it possible for most of the visitors to see the many places of beauty and interest in and around Memphis.

questions, but everyone seemed happy over the final results and the administrative machinery is in good order for the coming year.

Economy

One of the first problems facing the officers and delegates



Highlights

In addition to the scientific program, which was better than ever this year, the highlights of the meeting were centered in legislative and administrative problems.

There were some stormy sessions over various economic

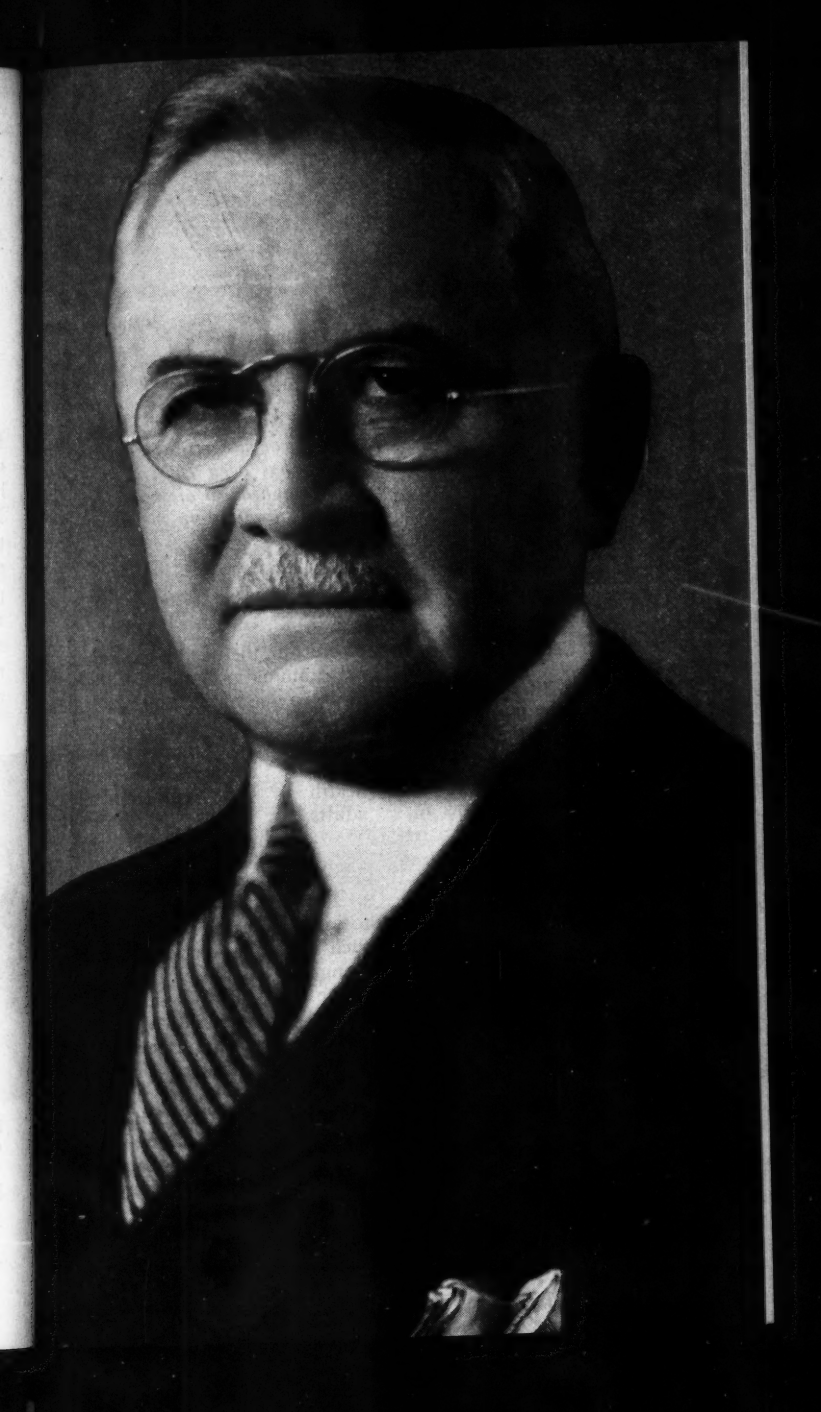
was the matter of economizing on various activities and grants in order to keep within the budget of \$250,000 for the coming year. There will be no important curtailment of activities, but the necessity of economy in every phase of the Association's work will be emphasized.

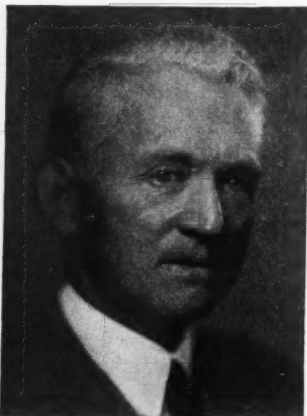
The expenses of the Association have mounted considerably during recent years because of added research grants. An increase in membership is the logical solution to this problem.



Above—The House of Delegates in one of its regular meetings

Opposite page—Dr. G. Walter Dittmar, President-elect of the A.D.A. (Underwood & Underwood photo)





Harris & Ewing

Left—Dr. J. D. Jordan of Little Rock, Arkansas, who testified to the beneficial effects of the ethical advertising campaign which has been carried on for many months in his home town and surrounding territory.

Ethical Advertising

To advertise or not to advertise, that was the question. Dr. Martin Dewey, the incoming president, has favored some form of ethical publicity for the dental profession and was fortified in his contention by a letter he had received from President Hoover, expressing interest in the plan. Mr. Hoover's letter was as follows:

"My dear Dr. Dewey:

"Please convey my cordial greetings to the delegates to the annual convention of the American Dental Association.

"I am interested to learn that the Association is considering a national educational campaign in the interest of dental health, particularly for children. The children's charter adopted by the recent White House Conference on Child Health and

Protection included regular dental examination and care of the teeth as one of the rights of all children.

"I wish you success in your effort to improve the public health of both children and adults.

Yours faithfully,

(Signed) HERBERT HOOVER"

The Association has agreed to investigate the possibilities of such a plan of national advertising and has placed the matter in the hands of a Committee on Dental Economics to work out a plan. This committee will not only have charge of the preparation of advertising but will also administer the plan. It is very probable that national magazines and the radio will be employed. This committee will work with the publicity committees of the various local societies in an effort to expand the advertising to newspapers in the

different cities and towns throughout the country.

Ethical publicity and advertising has been tested quite thoroughly in at least two districts—Little Rock, Arkansas, and Scranton, Pennsylvania—and it is claimed that beneficial results have been noted.

The theme of the publicity will be prevention and education along the lines of proper mouth care, diet, and the advancement of general hygiene. It will in no sense be commercial, will not be localized to any section, group, or individual, and will be directed only toward the promulgation of better health through better teeth.

This plan has had and will continue to have its critics. It is to be hoped, however, that it will be given ample time in which to prove its worth or fallacy. It cannot be worked out in one year; and now that the Association has committed itself to the plan it should receive loyal support from every member and local society for at least two or three years, or until its value is ascertained.

Plan for Increasing Membership

A very novel plan for increasing and maintaining the membership in the A.D.A. was introduced to the House of Delegates. It consisted of an engraved certificate, properly endorsed, indicating membership in the national, state, and local dental societies. The suggestion was to issue a certificate to each

member of the A.D.A. in order that the member might keep it in a prominent place in his office and retain it as long as he is in good standing. Such a certificate would maintain interest in the Association and would serve as a guide to the public in choosing ethical practitioners. The plan was suggested and demonstrated by Dr. Edward Reyer, of Scranton, Pennsylvania.

Message to Hoover

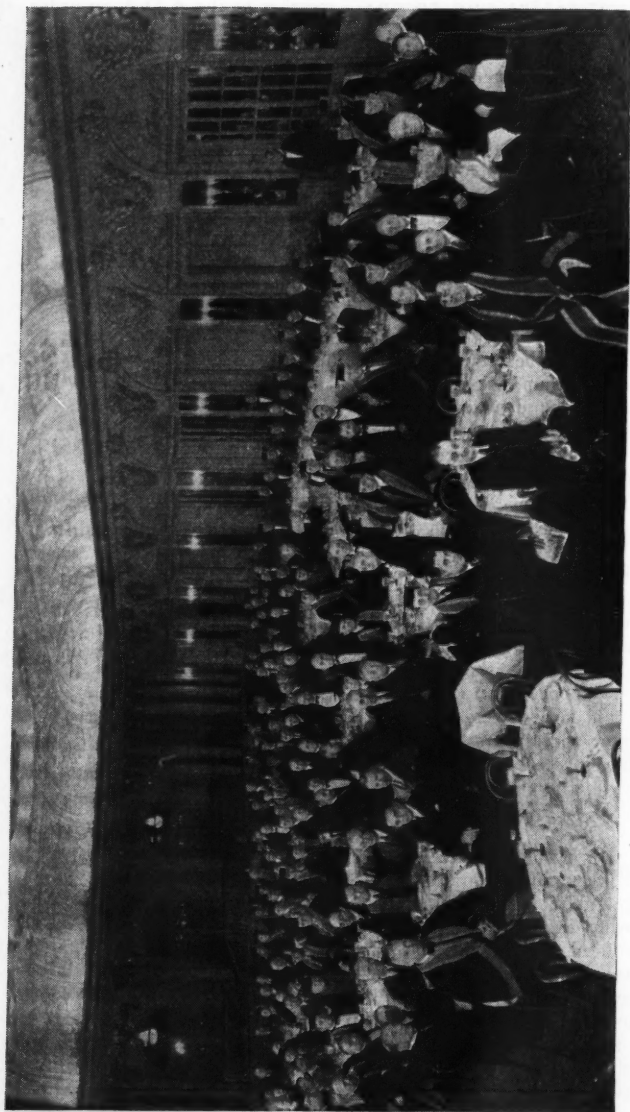
During the meeting a vote of confidence and appreciation of President Hoover's efforts in child health work was passed by the House of Delegates and the following telegram sent to him:

"His Excellency the President,
White House,
Washington, D. C.

"The following resolution was presented by Dr. Homer C. Brown, of Columbus, Ohio, and unanimously adopted by a rising vote of the House of Delegates:

"Resolved, That the American Dental Association in its Seventy-third Annual Session at Memphis, Tennessee, October 19, 1931, most heartily commends President Hoover for his inauguration of the White House Conference on Child Health and Protection and extends to him our congratulations on its splendid achievements and be it

"Resolved, That we approve his recent financial program for stimulating an improvement in



Annual meeting of the American College of Dentists

our economic conditions, and be it further

"Resolved, That we wish to assure the President of our desire to co-operate in constructive policies which he may recommend with the view of hastening return of confidence with associated relief in our general conditions."

"Robert Todd Oliver,
President

Harry B. Pinney,
Secretary
American Dental Association"

Scientific Sections

It would be impossible in a report of this kind to go into detailed explanation of the many fine papers and lectures that were given during the meeting. One thing that was particularly noticeable was the splendid attendance at practically every lecture.

Ellis Auditorium provided excellent facilities for all meetings and it was not uncommon to find every seat occupied in the spacious rooms devoted to this purpose. The trend in scientific lectures has turned to visual education and a majority of the papers read were illustrated with lantern slides, moving pictures, or charts.

Scientific Exhibits

One spacious room was given over to the scientific and health exhibits of about twenty-five dental colleges, clinics, associations, and other institutions. A

great deal of time, and money, and effort is expended on this phase and it is a valuable contribution to the educational aspect of the meeting.

General Clinics

The general clinics held on Thursday afternoon and all day Friday never fail to draw and hold large audiences. They are always so practical and so applicable to the members' own practices that they serve as a means of retaining interest in the meeting to the very last.

It would be unfair to report the general clinics without saying a word about the group clinic presented by the Bureau of Standards staff, Research Commission of the A.D.A., and the members of the dental profession who co-operated with the Bureau of Standards in a study of materials and techniques used in inlay casting procedure.

Every step in gold inlay casting was touched on by a large group of clinicians and it was one of the most complete and impressive table clinics ever given at any meeting.

Associated Activities

In addition to the strictly A.D.A. activities there was a great deal of interest in groups associated with the A.D.A. These groups include the dental assistants, dental hygienists, dental fraternities, and various social and honor societies. The



They had the best dental assistants' clinic

first day of the meeting was devoted to fraternity meetings, golf, and trap shooting.

Dental Assistants

This was the Seventh Annual Meeting of the American Dental Assistants' Association. Special features of the meeting included a District Luncheon, Conference Luncheon, a special session devoted to parliamentary procedure, a professional forum, and a banquet. The Health Exhibit and a half-day of clinics were presented at the auditorium.

Trophy awards were made at the banquet: The Henry W. Fowler trophy went to the Los Angeles Dental Assistants' Association for the best poster in the Health Exhibit; the Juliette A. Southard trophy was permanently awarded to the Chicago Dental Assistants' Association for the best clinic presentation,

and the new ORAL HYGIENE trophy was awarded to the Pittsburgh Dental Assistants' Association for the greatest percentage of increase in membership.

The Angelo Chiavaro Loyalty trophy was awarded to Miss Clara Phillips, of Long Branch, New Jersey, since she presented credentials showing the longest period of service in the office of one employer, among the members present at the meeting.

On the occasion of the banquet, the Juliette A. Southard Scholarship Fund was increased through the gift of one hundred dollars from Dr. Wallace O. Hulick, of Cincinnati, and by a similar gift from Oral Hygiene Publications.

Miss Ruth Rogers, of Chicago, was chosen to head the Association for the coming year. The object of the American Dental Assistants' Association, as quoted by its founder and

past-president, Juliette A. Southard, is to raise the standard of the dental assistant's service to the dentist and his patients through greater education in their work and a greater knowledge of their responsibilities.

Dental Hygienists

The American Dental Hygienists' Association held its Eighth Annual Convention in Memphis. The week was taken up with administrative and social duties. In a survey of public school conditions made by this association it was recommended that the curricula of schools be changed so that teachers in hygiene become dental hygienists in order to be able to teach this subject properly.

The ORAL HYGIENE trophy was awarded the New York Dental Hygienists' Association, as its members attending the convention traveled the greatest number of miles—a total of 5,050.

The Hygienists' Association was addressed by many prominent members of the profession and its meeting was educational and constructive in every way. Miss Evelyn M. Gunnarson, of New York City, is the president of the Association for the next year.

Golf

The American Dental Golf Association held its tournament on Monday. It was a perfect day for golf and there was a good turnout. Dr. W. H. John-



Miss Helen Wasser headed the prize-winning group from Pittsburgh

son, of Memphis, won the championship by turning in a medal score of 156 for 36 holes. Dr. William Weichselbaum, Jr., of Savannah, Georgia, was runner-up with a score of 161. It was a great day for the South. Dr. Frank M. Casto, of Cleveland, is president of the Association.

Trap Shooters

Breaking 93 clays out of a possible 100 won the honors for Dr. C. W. Miller, of Chillicothe, Ohio, in the A.D.A. trap shoot, on Monday afternoon. Dr. D. F. Rucks, of Birmingham; Dr. G. H. Elliott, of Nashville; and Dr. F. A. Hennessey, of Memphis, tied for the runner-up position with 92-100.

Dr. William H. Jordan was elected secretary of the club and is planning to work out a system of handicaps similar to that used in golf. This will give everyone an even chance and

should increase the interest in this sport. Dr. Jordan would like to have those interested write to him, at the Lathrop Building, Kansas City, Missouri.

Insurance Committee Makes Fine Report

The Insurance Committee, of which Dr. Fred A. Richmond is secretary, reported that approximately 10,000 members of the A.D.A. have availed themselves of the opportunity to carry this group insurance. Splendid work has been done along this line and a total of \$266,000 has already been paid out on 108 claims.

This insurance has been a godsend to the families of some of the deceased members and there is no doubt but that it will increase in popularity as time goes on. If you do not have this insurance you should write to Dr. Richmond for particulars. His address is the Federal Reserve Life Building, Kansas City, Kansas.

The President-Elect

Dr. G. Walter Dittmar, of Chicago, was chosen president-elect of the A.D.A., to take office in 1932. The Association is to be commended on its excellent choice, as Dr. Dittmar is a man of sterling ability and judgment and should carry off his duties with honor to the Association and to himself.

Dr. Dittmar is a fellow of the American College of Den-

tists, a past-president of the Illinois State Dental Society, and of the Chicago Dental Society. He has been a member of dental college faculties for over thirty years and is now professor of Prosthetic Dentistry at the University of Illinois, a position he has occupied for nearly twenty years. He is prominent in fraternal activities and is well-known and popular with dentists everywhere.

Trustees Re-elected

The following trustees of the A.D.A., whose terms expired this year, were re-elected for another term: Doctors C. E. Rudolph, of Minneapolis; John F. Stephan, of Cleveland; and George B. Winter, of St. Louis. Dr. William Albert Crosby, of New Haven, was the new trustee elected to replace Dr. Frank T. Taylor, of Boston.

An Important Year

The coming year will be an important one to dentistry. Dental economic conditions and general business conditions are in a state of flux at the present time and there never was a greater need for straight thinking and courageous leadership.

We have able men at the head of organized dentistry and they need the support of every member of the profession. This support can be given through interest in your local, state, and national societies.

And I'll see you in Buffalo next September.

ARKANSAS DENTISTRY *in the* FORTIES

By W. J. CATE, D.D.S.

Foreword: Fort Smith, Arkansas, is a beautiful little city of thirty-five thousand people, situated on the banks of the Arkansas and Poteau Rivers. The early French Jesuit explorers called the place "La Belle Point." We have all the modern improvements, including Tom Thumb Golf, and, it is whispered, even a speak-easy.

When I came here forty-three years ago it was a small town which had grown around a fort built over a hundred years ago to protect the whites from Indians—a wide-open border town, with saloons on every business corner, and gambling halls wide open, but withal a pretty peaceful place. Our Territory visitors would park their forty-fives at the nearest saloon, as it wasn't quite the thing to tote guns here—it could bring on trouble, as the police chief had several notches on his own gun.

Many of the old families were delightful, cultured people. I shall never forget their friendliness when, as a stranger, I knocked at their gates.

But it was as the trading center of a country hundreds of miles in area that the place was most interesting. Cotton plantations with hundreds of black and white renters; across the river the Great Indian Territory with its civilized tribes, blanket Indians; many outlaws, with their Stetson hats trimmed with little ostrich feathers, high-heeled boots, and bandanna handkerchiefs around their necks; occasionally a man from the Sante Fe Trail with his sombrero, his pack train of burros

trailing along tandem—all, sooner or later, headed for the Fort.

A passing show, with the curtain rung down these many years—today only a memory with a few old stagers.

"**S**AY, Doc! When are you going to open your shop? I've got my old woman here to be fitted to a pair of teeth," was the greeting I received one morning forty years ago on Garrison Avenue. He had indeed got his old woman here. They had come over one hundred miles in a two-mule wagon, camping wherever night overtook them, putting up in a wagon yard, and camping there, while I fitted the "pair of teeth." The wagon yard of those days was an interesting place—a big square enclosed on all sides by a covered shed, except the entrance. The mules and wagons were parked there. In the center of the yard was the pump, a watering trough, and a place for the campers to cook their meals. In the fall these yards would be crowded with campers who had brought their cotton to town to sell.

This was my busy time. The people for whom I had extract-



Fort Smith in the "forties"

ed teeth would wait until they sold their cotton, then have their plates made.

Forty-three years ago there were only a few itinerant dentists in the Indian Country, and the physicians, with never more than one pair of forceps, would extract, and some of their efforts were pitiful. One evening I had a call to go to my office. A woman wanted a tooth pulled. I went and found her walking the floor in agony. Two country doctors had tried to extract the tooth and failed. Her husband had brought her nearly seventy miles in a wagon, over the roughest kind of a road for over three days and nights. Luck was with me, and the tooth came easily. The last I saw of the poor old soul was in the drug store, drinking a schooner of beer her old man had bought her.

For years there was a belief among the whites and negroes that a tooth should never be

pulled when "the signs were in the haid." If it was done then, the results were sure to be disastrous. Where they got this much of the Zodiac, I never could find out, but they had it all right. For toothache they used bluestone; it would kill the nerve, but it turned the tooth blue-black.

Another never-failing remedy was to rub warm rabbit's brains on a baby's gums to make them teethe easily. We had a baby that was just erupting its first tooth, and also an old negro mammy nurse. Mrs. Cate asked me if the rabbit brains really did good. I assured her it was just a negro superstition, but a few days after that we had fried rabbit for dinner, and I recalled the conversation. When I saw the triumphant look on Mammy's black face I knew my baby would never have any trouble with its teeth "comin' through."

One day Mammy rushed in

with "Turn yo' pockets inside out," which I did, of course. "Didn't yo' heah dat hoot owl? Whenevah dey hoot neah a house some one am sho to die. Turnin' yo' pockets inside out makes dem stop." It did. Some of you readers may doubt the value of these remedies. They are not copyrighted, and you are at liberty to try them in your practice.

I had an army surgeon for a patient. The first time I saw him I noticed something peculiar about one of his centrals. He had been stationed on the plains two hundred miles from the nearest railroad. He had broken a central crown entirely off. With a file he smoothed the root. From the end of the handle of a toothbrush he carved a crown, drilled a hole, drove a hardwood pin in it, and the root canal. The major had worn that for two years when I replaced it.

Among many interesting characters I met in those days was an Indian introduced to me by Mike, an old Custer scout, who, by the way, saved his scalp by being home on a furlough at the time of the Custer Massacre. This Indian was said to be the party of the second part to the only treaty made by the United States with one man. A survey for a railroad was being made. He told the outfit to keep off his land. They didn't, and he promptly killed one man. They came back and he killed another. The marshal couldn't catch him. After killing several

men, Mike, acting as go-between and interpreter, got the treaty signed for the government: the Indian to kill no more white men, and they to stay off his reservation. The scout told this story, as all I could get out of the Indian was "How" when he raised his glass to drink with us.

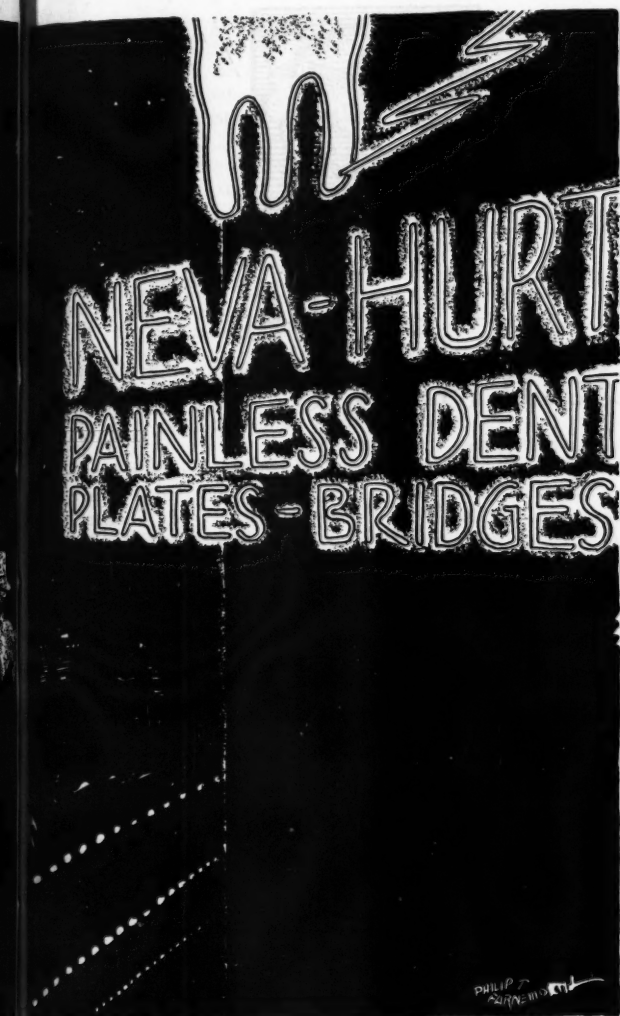
Some of the customs of the Indian women would hardly go today. I had a friend who lived with a tribe of Blanket Indians for two years. One day Quanah Parker, the Chief, and he were sitting on the bank of a creek when a woman passed them. Quanah said "Watch Squaw, white man may never see like again." The woman crossed the creek, went up in the woods, and was gone about an hour. When she came out she went to the creek, took something out of her apron—a new-born baby—and gave it its first bath in that cold stream.

By treaty, the Indians had their own tribal courts. If an Indian was found guilty of murder, he was freed for a stated time and allowed to settle his affairs, and then voluntarily came back, sat on his coffin and was shot. I knew of a young full-blood who was sentenced to be shot in six months. All that summer he played semi-professional ball, and when his time was up went back to his execution.

Yes! Everything is changed—even customs of squaws and braves.



FROM KICKAPOO.....



PHILIP J. SURNAME

.....TO NEON



Feeling Dentistry's Pulse

By

DIAGNOSTICIAN

The Tragedy of Doctor X

DOCTOR X was a successful dentist in a small city in the Middle-west. He owned a home, an automobile, had money in the bank, belonged to the country club, and in general lived the even and unspectacular life of a successful man. He had been in practice for fifteen years. He was married and the father of two children. None of the worries and stresses of financial dependency beset him. The future dawned rosy ahead; his practice was steadily gaining; the money was rolling in. He was spending most of it. "There is plenty of time to save." "Have

your fun while you can enjoy it": these were his mottoes.

A banker had tried to interest Doctor X in a program of investment. "A little later," was his answer. Life insurance salesmen had tried to show him the advantages of insurance. "Come back next week, when I'm not so busy." But he was always too busy to get down to the job of signing an application form. Dental colleagues had urged him to join the dental societies. He would laugh derisively and ask, "Why should I join the dental associations? What can they do for me?" The dental colleagues would tell him as best they could the advantages to be gained from membership in the professional societies. But Doctor X went about his busi-

ness, year after year, outside the society. The men no longer called on him, inviting him to become a member. By his own choosing he wished to be let alone. He was.

Doctor X was on the borderline of forty. He was slowing up a bit. He had frequent headaches and occasional dizziness. A physician friend took his blood pressure and suggested that he take things a little easier. The physician suggested a diet and a rest program. For a time Doctor X followed the advice meticulously, then he slipped back into his old habits: working long hours at the chair; eating anything, hastily and in generous portions; cutting out vacations and occasional weekend holidays. "While business is good I'm going to be on the job to take care of it," he told his physician.

It was in the winter. Doctor X had been having the headaches again. They were more frequent and more severe. He kept on working. He complained that he wasn't sleeping so well at night. Then one night it came. Something snapped, something gave way somewhere: he was paralyzed.

The months passed. The savings in the bank were exhausted. The family mortgaged their home; the office equipment was sold. Mrs. X did odd jobs for the neighbors: sewing for the Jenkins' family; taking care of the Hunt babies while their parents went to the movies; dressing Grandmother Spillers' hair. But with all her heroic

efforts the debts kept mounting. They struggled along for a few months, anxiously awaiting the improvement that never came. Doctor X lay partly paralyzed. His earning power was gone. For a time, laboriously and with effort, he called his dental friends on the telephone and solicited them for magazine subscriptions. A few responded quickly and with generosity, but most of them remained coldly indifferent. Finally, in despair, he gave up even this feeble attempt to eke out a livelihood. Life had beaten him.

Mrs. X and the children went to live with relatives; Doctor X went over the hill to the county farm. There he sits now, in the bleakness of pauperism, awaiting the occasional visits from his family and the few friends who have not forgotten. They come on Sundays or holidays, bringing smoking tobacco, a magazine, and some little cheer. But in the long intervals between the visits he sits crippled and alone, in the chill of the almshouse, awaiting the release that only death will bring.

Some pompous asses in the dental profession, in the heyday of their prosperity and success, sneer at the activities of the A.D.A. to relieve the suffering of indigent members. At about this time of the year when the Relief Committee sends out the Christmas seals it might be well for each one of us to ponder the tragedy of Doctor X before tossing the seals in the wastebasket. The voluntary subscrip-

tions that come from the sale of the Christmas seals are wisely and honestly used by the Relief Committee to relieve the stark suffering of unfortunate members such as Doctor X.

And for those of us who are blessed with health and a measure of success it might be well to recall that the A.D.A. is doing a splendid work to prevent, in some measure, tragedies similar to that of Doctor X. The group life insurance plan of the association gives *every* member an opportunity to buy a modest amount of life insurance at a reasonable rate. Almost ten thousand members have already subscribed for this insurance. Those who have not should write TODAY to Doctor F. A. Richmond, Secretary of the A.D.A. Insurance Committee, Federal Reserve Life Building, Kansas City, Kansas.

Help Wanted!

Diagnostician and many of his doubting-Thomas friends would like to see a clinical case such as Sherman L. (Diet) Davis is reputed to have observed and for which he gained the distinction of being quoted in the eminent *Literary Digest*.

A case of the filling of a cavity in a tooth without mechanical assistance in Washington was described. At least a dozen similar cases were said to have been reported by dentists in various parts of the country, and it was held to have been demonstrated that decay of the teeth almost always can be prevented, and in

many cases assisted after it has made progress, through dietary treatment.

The miracle of self-restoration occurred to a Washington (a place where most anything bizarre may be expected) man, aged 48, race and condition of servitude unknown. On February 1, 1930, before the occult visitation he "was found to have 18 cavities, of which 6 were new, and the others had appeared around good fillings. One was left open for observation purposes, and a special diet worked out by Dr. Davis was prescribed.

This cavity was reported smaller when examined October 4, and had entirely filled up naturally on June 2, when the patient was last treated.

One commentator, a surgeon for a steel corporation, present at the meeting, was so overcome by these manifestations of miraculous healing that he is quoted as confiding that the accomplishment of Davis is "one that bids fair to rank with that of Louis Pasteur." Davis, blushing, took a bow.

It appears that those wishing to align themselves with the Davis cult should buy the following preparations (or, that is, have their patients pay good money for them): syrup of alfemine, caperoid tablets, vicodol, vicaperol capsules. Then, dosing with these remedies, one may expect forever after to escape the pangs and torments of the dental experience. Enamel, sound and pearly white, will grow luxuriant amidst the black

débris of carious cavities; hypersensitive teeth will return to their adolescent days of non-sensitivity; teeth, wobbling in the breezes, will become firm and tight. And, presto, the miracle has come to pass!

Now let us prepare ourselves for the dismal disillusionment. Turning to *The Journal of the A.D.A.*, September, 1930, issue, we find the Council on Dental Therapeutics presenting an elaborate report on the merits of the "Sherman L. Davis Treatment." The agnostic Council reports, in part: "The Sherman L. Davis preparations are exploited in a crude manner, before the necessary scientific data were made available to the profession, and even on invitation to submit information, it is withheld . . . When Dr. Davis will submit the necessary scientific data to the profession, his claims may be more scientifically considered . . . The Council wishes to remind readers that sound therapeutic knowledge originates in the laboratory and clinic and not on the lecture platform."

So hearing, those gathered about the rostrum of the seer, withdrew wailing and gnashing their teeth (some loose and others carious) to await the Day of Release from the drudgery of dental practice. They visioned the Millenium thus: recumbent in a comfortable position, with pipe or cigarette in mouth, passing out to the long line of dental sufferers who passed the throne—bottles, vials, capsules of the Elixir of Dental Restoratives. They would collect a comfortable fee from each. Rust would grow on the dental equipment; the strong box would be full; there would be no dental suffering in the universe. All talk of dental technology and science would be obsolete—pre-Davis. And at last, dental conventions would take their rightful place in the sun: they would be frankly golf tournaments and the gathering place of the politicians.

HELP WANTED—To find the unknown Washingtonian of the self-restored tooth.



When the opinions of a person are in harmony with yours you applaud, become elated and boastful, and prone to conclude that he is sensible, wise, and perhaps brilliant; but you are also prone to ignore the possibility that he may be as totally ignorant or biased, and his conclusions and assertions as unfounded and remote from facts as yours are apt to be.—ARTHUR CORSO, D.D.S.

The BEGINNING *of* WISDOM

By ALONZO MILTON NODINE,
D.D.S. (N. Y. Univ.), L.D.S.R.C.S. (Eng.),
L.R.C.P. (Eng.), M.R.C.S. (Eng.)

"But they knew what they did not want, and that is the beginning of all practical wisdom."

THE Chicago Dental Society did not want to try the experiment of the pay clinic, as proposed by the Rosenthal Foundation and sponsored by some national dental personalities.

Evidently the quality of the mental support given to this proposal by the national dental personalities was not agreeable to the members of the Chicago Dental Society.

It is also not unreasonable to think that among those who were *not* in favor of this proposal there were some who see as far and as clearly and perhaps farther than those in favor of it.

It is a common observation of those who do not possess the requisite amount of awe for so-called "national dental personalities," alleged "dental leaders," and claimed "outstanding

figures," that these are often found to be not leaders, but decoys.

After reading Dr. Michael Peyser's excellent article* in the August issue of ORAL HYGIENE it is clear that dentists do not want the Owre plan, state dentistry, and panel dentistry. These may be very fine things for those who would organize, control, and supervise these projects, but they do not look so good to the men who would be employed to operate them, or to those who would have to compete with them.

It is not very apparent "that the social responsibility of the dental profession is to care for persons unable to pay the fees of high-grade, private practitioners."

Is it the social responsibility of the automobile industry, or the radio industry, or the Architectural League, to supply automobiles, radios, or house

*ORAL HYGIENE, August, 1931, p. 1753.



Those individuals who buy expensive radios, expensive furniture, and automobiles in preference to paying the interest on their homes, are not going to invest in a less stimulating display, such as dental care.

plans for those unable to pay the price or fee for high-grade cars, instruments, or plans?

Is it not the experience of dentists that many persons who own automobiles declare that they can not afford to have needful dental attention, even at fees lower than those of so-called "high-grade, private prac-

titioners"? Perhaps they can not afford to have this dental attention because they prefer automobiles to sound teeth and sound health.

If in a community of fifty-three households there are fifty-two automobiles, and if more than one quarter of all the community's income is spent on the

upkeep of these automobiles, as stated in "Motormania" in *Forum* for May, 1931, wherein does it become the dental profession's responsibility to provide dental care for such individuals?

In the writer's opinion, the apparent reason for people's preferring automobiles to sound teeth and sound health, or bath tubs, electric lights, and books, is that they have a false standard of values or that they are unable to appraise relative values. Those individuals who buy expensive radios, expensive furniture, and automobiles in preference to paying the interest on the mortgages on their homes, are not going to invest in a less stimulating display, such as dental care. At the same time, they are being told that clean teeth don't decay, that dead teeth are not dead so long as they are attached to something; that tooth pastes, tooth powders and mouth washes prevent tooth decay and prevent and cure pyorrhea, and a number of other dental fictions.

If that celebrated 80 to 90 per cent of the people in this country is not receiving adequate dental care, it does not take an intellectual giant to discover why they are not receiving this care. One reason is that that much heard about high standard of living of the population of these United States is not so high as a lot of morons repeatedly attempt to tell us it is. If anyone wants to find out how *low* this so-called *high* standard is, visit the mountains of North

Carolina, South Carolina, Kentucky, Tennessee, and Arkansas; or visit some of the mining towns and mill towns, and the slums of our cities.

Why does the dental profession have a social responsibility to supply dental care to persons who possess automobiles and radios and yet have the colossal audacity to come to dental clinics for treatment? And what is still more audacious is the fact that they are knowingly permitted to receive this treatment from those who are either giving their services free to such clinics or who are being paid but a small salary for their services. In other words, such patients are receiving charity, dental gifts, or dental doles. But this is only part of the story.

Let us turn our attention to what appears to be an additional explanation of the cause of the dental care problem and a number of other problems and phenomena in this country. The index of intelligence of the average male adult in the United States is that of a child twelve years old! How, in the name of common sense, is the ability to discriminate between relative values to be given to such intellects? The answer is: it can not be given. An individual either has or has not intelligence. An individual is either born with it or born without it.

Going back to the example of the automobile, for this is but one of many examples, why is it that these individuals can and do buy automobiles which are

not essential to their owners' pursuit of a living and entail the denial of actual necessities?

Has not the automobile advertising man developed a high powered technic of such a nature that the repetition of his advertisements has so played on the vanity, sense of display, social competition, and limited ideas of these individuals—of these twelve-year-old intellects—that their moronic discrimination and judgment chooses, not the more substantial and enduring, but the automobile and they mortgage their futures, in many instances, to pay for them. The same thing holds true for the movies and the radios. The movies and talkies are manufactured for and graded to the intelligence of the average person, the intelligence of the child of twelve. This may also be said of the radio programs.

In the dental profession we have the advertising dentist who has developed advertising that appeals to the average person. Hence, his success. When the advertising dentist with his big signs, big gold tooth and wild claims is forced to end this kind of advertising, the patients who are attracted by this advertising will be lost. At the present time relatively little has been developed in respect to dentistry that will attract these possible patients.

Among the possible ways that have been suggested to impose dental care on the great majority will not be an appeal to their intelligence. It will be an appeal to something else. And

that something else that can easily be appreciated will take, as a natural consequence, several forms. Among those suggested are the following:

Industrial insurance companies will, in the nature of a prize or free coupon, offer their policyholders dental and health care to raise the standard of health of their policyholders in order to increase their income or cut down the losses.

Standard life insurance companies will require a dental examination before issuing a policy and require a higher premium for those who have dental defects. Later they will require periodic dental examination while the policy is in force; just as they are now trying to secure periodic medical examination.

Industrial corporations and establishments, stores, shops, mills and factories, etc., will require, in addition to the medical examination, a dental examination for those applying for jobs or positions, and periodic examinations while employed. When national, state, industrial health insurance or health insurance by co-operative societies comes into operation, dental care and dental examination will become mandatory and will not be left to the option of the employee.

Children will be examined before they enter schools or institutions and such dental defects as are correctable will be attended to. These examinations and corrections will be undertaken by a number of different agencies some of which are available locally—private den-

tal practitioners, school dentists, endowed dental clinics, dental college clinics, or any of the previously named health protection agencies.

There has been, still is, and will be heard a great deal of deprecation and protest against paternalistic government activities. But what is not heard so frequently is the reason for these paternalistic activities.

Practically all these activities are available and are being carried out by agencies other than the government. Why then does the city, state, or national government take them on? Is it not due to the fact that the average individual has not the intelligence to choose and to set aside money for these various health and sanitary measures?

Many know of the proposal that families budget their incomes for these various essential expenditures; that they voluntarily set aside certain sums proportionate to their incomes for these anticipated essential expenditures. In some respects, this is a practical form of private insurance.

The proposal is essentially a sound one and works out with varying degrees of success with those who have the intelligence to try it. For the average person, experience does not show that voluntary insurance would be successful. However, private insurance is in operation today and will be further extended in an indirect way by taxes, dues, contributions, premiums, etc., which are mandatory. The so-called "paternalistic" agencies

redistribute this income and furnish essential services or care. Present-day public health service is one form of paternalistic care.

There are as many different dental laws for limiting, defining, and restricting the practice of dentistry as there are states in the Union, so there will be as many different state systems of furnishing dental care. This will be, in many instances, complicated by municipal, county, and national health insurance measures, by industrial health insurance, co-operative health insurance societies, and health insurance companies. The chaos that now exists will be further complicated by the political appointments, bureaucratic rulings, department standards, and all the additional laws and amendments to these laws which the various agencies will require to bring them into existence.

Does the dental profession imagine that health insurance is not going to be enacted in this country? What is the dental profession going to do about it? Prevent it? Hardly. What can it do? Organize so that when the upheaval does come the profession will be able to provide dental care. This does not necessarily mean nationally; it means locally. How will this organization be worked out? It will not be along the lines of the Owre plan because it is ethically wrong to the established dental practitioner and technically wrong as a means to provide satisfactory dental care

for the masses. Organization can be worked out along the lines of co-operative group practice in which the groups will be organized into units of different sizes, depending upon the locality, the density of the population, and the distribution of those who will come under the various health insurance schemes. The dentists under supervision will either divide their time between their own private practices and the group practice, or give all their time to the group practice. This practice may be conducted either in their own offices, in group practice offices, or both.

These dental co-operative groups will be in a position to negotiate for dental care to be provided for the various individuals who do or do not come under the various health insurance measures.

What else can the dental profession do? It can stop the over-

production of dentists. The output of dentists can be controlled to meet the active demand for dental care. Over two thousand men are graduated each year regardless of the demand for their services.

Perhaps the members of the Chicago Dental Society see some of the problems outlined above. They will receive the congratulations, endorsement, and applause of those who believe that they have taken a stand for the independence of thought and action. They have evidently made a stand for a principle, and not for expedience. This principle is perhaps different from the principle of the members who were in favor of the proposed plan. Should the time come when they will be compelled by circumstance or pressure to surrender this independence, it will be a sad day for them and for those who will be led to expect the benefit of their ministrations.



Friends of ORAL HYGIENE and the new DENTAL DIGEST are invited to visit the magazines' corner at the Chicago Dental Society meeting next month.

"Dear Oral Hygiene—"



"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

Priceless Help

I am a regular reader of ORAL HYGIENE and I find that all the information contained in it is of great help. That is why I am keeping all the issues for future reference. I thank you very much for this valuable and priceless help you are giving dentists in particular and to the public in general.—*ELIGIO V. VALERA, D.D.S., Bangued, Abra, P. I.*

from severe headache for about two weeks prior to the time her teeth were extracted. The pain was so intense that a brain tumor was suspected by the attending physician. One-half grain of morphine would give relief for about two hours.

The offending teeth, shown in the illustration, were removed under general anesthesia (ether) and the patient was entirely free from pain in about twenty-four hours.—*R. S. SWINBURNE, D.D.S., Seattle, Wash.*

Another Unusual Case



Here is another unusual case: the patient is a woman, twenty-one years old, who suffered

One Man's View

At this time we hear the wailing of depression on all sides. Dentists in particular have spent considerable time and money trying to boost or restore their practices through the medium of attending classes and lectures on economics. Some have even gone as far as having their offices "administrated" for them, always of course, with the idea in mind, not of increasing business (if I may call it that), but of *elevating* their

dental practice. These teachers of the economics of dentistry almost guarantee the dentist an increase in practice and promise to make an economist where there was none before. If the majority of men who go in for this sort of training would spend that time in analyzing their own practices and spend that money on improving their offices, they would not need to seek help along those lines.

If a dentist had to pay for having someone tell him how to do his operative work, he would justly resent that advice; yet he gladly spends his own time and money to have someone who is *not* a dentist tell him how to make the same dental practice pay greater dividends.

Nine out of ten of these systems have something to sell besides advice. They have patented filing systems, patented stationery, even patented bottles for display, etc.

Does the man who has a lucrative practice have to take these courses? Of course not! Yet a good many of them do—and why? Simply because they have been led to believe that they can make that practice pay still more.

Credit systems are devised, filing systems installed, hard-headed business policies instilled, all with the idea behind them of increasing business under the cognomen of "administration."

And what is the grand result? The course instructor derives a fat fee for his advice; the system requires replenishing, and so

does the dentist's pocketbook; the patient is being "sold" on dentistry.

Now for the solution of it all! It is surprising how many dental offices today are so obviously unkempt. Why not induce an agency, like the health department, to investigate and establish rules for cleanliness, sponsored by the dental societies, and issue licenses to be prominently displayed in deserving offices? Secondly, why not have the dental societies send out separate monthly bulletins containing simplified explanations of various subjects comprising dentistry for the purpose of keeping the dentist posted on up-to-date methods?

Enforce the law relative to display of signs. In other words, restore the confidence of the public through the natural medium of the dental society.

Furthermore, through co-operation of the entire profession the public can be educated toward cash business instead of credit. Since the protection of the law is weak on this point, the dentist can do more for himself by refusing to do business on a credit basis.

Next—discontinue *all* pay clinics. Since all these so-called "charity" clinics are supposed to be run for the benefit of those who cannot afford to pay for service rendered by private practitioners, allow them to donate their services and seek support through endowments or other charitable organizations.

Men working on the staffs of

hospital clinics should be paid. True, these men gain experience and prestige, but, nevertheless, usually have to neglect their own practices in so doing.

Speaking purely from the economic viewpoint, the profession should seek to remedy its underlying faults before attempting to struggle through its own mistakes. Think it over. Is it an economic depression, or a weakened economic structure? — NEWMAN D. WINKLER, D.D.S., *New York, N. Y.*

Pyorrhea—The Unknown Factor

Medical and dental knowledge is still very youthful. Pagel, in his introduction to a history of medicine, answers that some shall not think that medicine of today is a spontaneous creation. It is not like that mythological conception that Venus sprang from the head of Jupiter. Medical science and art are the products of ceaseless work over a period of many years and represent the work of tireless and indefatigable men—the result of the uninterrupted development of the work of genius. Many a wall has been repeatedly demolished, destroyed, and new medical walls rebuilt. Many a battle has been fought to gain a single point in medicine.

What we have today is simply new walls built upon old foundations. Very little can be pointed out as an absolutely new

discovery. It is simply one reconstructed modification after another.

Pyorrhea primarily is a traumatization of the gingival group of the peridental membrane. The etiological factors may be many in number. Heretofore, when senile degeneration of the peridental membrane took place, the dental pathologist termed the etiological factor as systemic infection and he correctly stated that systemic infection accounted for eighty-two per cent of the cause of pyorrhea.

It is definitely known that general tissue changes take place through the entire system at a certain age. For instance, the heart muscles become affected, the hair pigments are lost, the endocrine glands slacken in their function; and thus we observe the gingival group of the peridental membrane to make pathological changes.

What has the medical research man done in the way of correcting a degenerated myocardium, reforming the natural pigment of the hair, stimulating a regeneration of the Islets of Langerhans and the glandular elements of the testes? In the same way, pyorrhea is a local manifestation of a degenerated retrogression.

Why should dentistry in its comparatively youthful stage, be expected to bring about restorative changes to the peridental membrane?

What further knowledge of the peridental membrane have we attained? Its histological description? Physiological and

pathological behavior? The answer is, "None whatsoever." Since Dr. G. V. Black, we have not gained any specific findings. But, by further study and research, we may learn something about this peculiar peridental membrane.

The dentist can, to some extent, treat pyorrhea temporarily by making proper dental restorations, without overhanging margins, by removing the irritating calcareous deposits, by constructing and educating his patient to the danger of the use of ligatures and tooth picks, and the proper method of brushing teeth. The dentist is also able to correct malocclusion and make use of a normal salt solution because of its valuable osmotic properties as a stimulant, astringent, and antiseptic.

Of late palliative treatment has been in vogue, a process of resecting the gingival portion of the gum to the extent of the depth of the pus pocket. Of course, the radical treatment of pyorrhea has been known and it has been treated by extraction. All these are measures of prevention and not of actual cure; in other words, merely a check on its progress.

The physiotherapist has recently attempted to show up our Hippocrates of dentistry with his condensed selective sunlight. The lamp man goes to explain that actual regeneration of the peridental membrane can occur. He further interprets that sunlight passing through a prism splits into the following

rays: the infra-red rays, ultra-violet rays, the x-rays and the gamma rays of radium. The ultra-violet ray, he claims, can be applied to the treatment of pyorrhea. The hemoglobin absorbs the ultra-violet rays freely. In absorbing them, carbon dioxide is broken down and the oxygen content of the hemoglobin is increased. This purification of the blood promises health. The ultra-violet rays kill germs and stimulate tissue regeneration.

The physiotherapist does not take into account the histological nature of this tissue regeneration. He only obtains, with his lamp, a temporary hypertrophied epithelial tissue, not a renewed peridental membrane.

The writer is still inclined to adhere to the late findings of Dr. G. V. Black, that when the peridental membrane is once destroyed, it will not be regenerated. — N. H. ALTENBERG, D.D.S., *Chicago, Ill.*

Appreciation

Just a line in sincere appreciation of a contribution to your magazine, October, 1931, by Dr. Ross J. Weir, entitled "Your Church and Your Practice."

It is cheering and encouraging to know that sentiments of real character can be disseminated to the profession through our first-class periodicals. — R. G. HOUSTON, D.D.S., *Birmingham, Ala.*

Don't MENTION IT?

By EDWARD C. FREELAND, D.D.S.

ARE a large number of the members of the dental profession merely ignorant, or are they downright criminals? Is it worse to filch a few dollars out of a patient's pocket-book when she isn't looking than to fail to mention a condition which will surely rob her of teeth, beauty, comfort, health, and possibly life?

Are we justified in assuring our patients that their teeth are "just fine" and don't even need cleaning, when we can see an inflamed condition of the gums on most of the lingual surfaces at least? Of course, there is one fine service we *can* render if the inflammation has reached the bleeding stage. We can say, "Oh, that's nothing but a little gingivitis," and paint the gums with a little iodine, or what-have-you. This formula will usually get us by without any troublesome scaling or even polishing, and in many cases can be worked year after year indefinitely, with the possible capitulation of a ten-minute brush-off at rare intervals.

Are a large number of dentists thinking in terms of health, or are they mere cobblers looking for leaks to repair and overlooking the opportunity to ren-

der one of the most important services possible to mankind—that of preventive dentistry?

The number of dentists must be very small who do not know that an inflamed gum and serumal scale mean the loss of the affected teeth eventually, unless *some* dentist does his duty and removes the cause and educates the patient to proper cleaning and stimulation of tissue. Yet I am afraid that the number of men who needlessly dismiss doomed patients every day would be rather staggering.

I happen to be practicing in the vicinity of an institution that draws patients and visitors from all over the world, and most of my practice is made up of these above the average people. Yet a very small number of them have *ever* had adequate prophylaxis or instruction in self-care.

Their reaction to honest treatment is usually: "I've had my teeth cleaned lots of times before, Doctor, but I've never had anything like that done"; or, "Why has no dentist ever told me these things about my gums?"

Why? I do not believe certain dentists are ignorant, but they are lazy and criminally negligent when it comes to that

scrub-woman job of prevention.

Of course, none of us exactly like to scale and polish teeth, but so often it is the one vital thing we can do; and it is such a small sacrifice of time and patience for the future influence it may have on a human life.

Some years ago, I talked with a dentist who since has been the president of one of the most progressive state dental societies in this country. During the conversation, I asked him what he charged for prophylaxis and pyorrhea work. His answer was that he detested the work and absolutely refused to do it, but admitted that if the patients insisted, he gave them a rub-off for a dollar, or threw it in with their work. This man was practicing in a town of 7,000 population, with four other dentists.

I believe he was on speaking terms with only one of these dentists, so it is probable that he was not referring this work.

Can you think of a more disheartening picture than a procession of this man's patients, who, during fourteen years of his practice in that town, have since lost every tooth in their heads because he detested prophylaxis?

What right has any dentist who cannot, or will not refer patients, to pick and choose what work he will and will not do? Has the patient *no* rights in the matter? I sometimes think the old familiar "You're the next victim" is not so far from the truth.

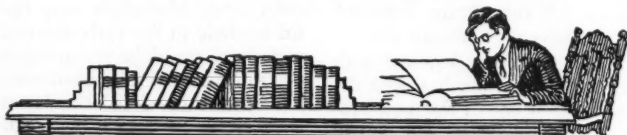
A few months ago a patient of another dentist in a small

town called me by telephone and arranged for an examination of her teeth. She said that there was apparently nothing to be done, but she just wanted some other dentist to look her teeth over. She was a very fastidious lady in her early thirties, and there could be no question about her personal cleanliness; but *what* a gum line! Her lower anterior gums in places protruded a quarter of an inch and serumal scale was in evidence on the buccal or labial and lingual sides of every tooth. Of course, I had to admit that her mouth was in a deplorable condition. She said: "That's funny. I asked Dr. So-and-So yesterday if they didn't need cleaning and he said no. And he just cleaned them at Christmas time." This was the last of February.

What manner of man is Doctor So-and-So? Is he ignorant, or is he criminal? Is dentistry ever going to command the public respect that medicine does as long as our ranks are honeycombed with men who will risk the very lives of their patients to save themselves a few hours of drudgery? Could medicine ever have reached its high plane of prestige on any such course of action?

We possibly cannot expect to reform the sluggard from within, but when the public finally gets the idea that there is no more reason or excuse for pyorrhea than there is for bed bugs, and that the former is just as disgraceful as the latter, then and only then are some of our brethren going to do preventive dentistry, or refer it.

ORAL HYGIENE'S LIBRARY TABLE



BOOKS REVIEWED FOR BUSY READERS

"The Degradation of Science"

By T. SWANN HARDING,
(Farrar and Rinehart,
New York, \$3.00)

Here is a book that should be read by every professional man in the United States because it is a dispassionate, impersonal, and a well-informed analysis of what ails the entire parade of the professions.

To the physician or dentist who is interested in the economic future of health service, this is a most valuable book. If the reader of this book will take the trouble to refer to the authorities upon which the author bases his statements, he will get a clear picture of the economics of health service.

The chapter on dentistry entitled, "Extracting the Root of All Evil," is a challenge to the so-called "leaders" in Official Dentistry — a challenge which accuses these men of bankruptcy in ideals and ideas, insincerity in their relations with the public, and deliberate betrayal of

the rank and file of dentists. These are strong words but the reviewer is by no means so forceful as the author.

There are still many among us dentists who pooh-pooh the idea of socialized dentistry. There are a great many (and these constitute the economically sound dentists) who are smugly complacent about the future of dentistry and the future of their fellow dentists who are not so well off. This book, along with the great discussion about it which is bound to follow, will slowly and surely destroy the *laissez faire* attitude of Organized Dentistry.

The first sentence of the chapter on dentistry says:

"Dentistry is a very highly commercialized, antisocial profession."

The author then proceeds to authenticate his statement by quoting from articles on economics published lately in all our dental journals. In short, he proves his case by the utterances of men in our profession who are looked up to as leaders in our economic thought. And

so on, all through the chapter, he shows how the science of dentistry has not been employed for the public service to its full use, how the public is being exploited, and how the high-fee specialists have undermined the very foundations of the public's faith in the profession by their unethical and sordid practices.

All these pronouncements are authenticated by quoting what men in our profession have written in our dental journals and books. In short, it indirectly tells the profession that it had better clean house before it is cleaned up by the people.

There is no doubt that this book will be read by many thousands of the intelligent portion of the public—those who always seek to be informed. It will become a topic of conversation because very often people talk about the high cost of

health service. The effect of this book on the public, therefore, will be tremendous, eventually; and we won't be able to laugh it off.

Now don't misunderstand me and think that I agree with all the thoughts expressed by the author of this book. On the contrary, I disagree with him most violently in many things.

But the question of how wrong or how right Mr. Harding is, is not important at this moment.

The important thing for us dentists to consider is: what effect will this book, or any other book of its kind, which is sure to follow in the near future, have on the question of the problem of the future dental economics status?

What will be our answer? What are we going to do about it?

Michael Peyser, D.D.S.

The Twelfth Annual Meeting of the Southern Society of Orthodontists will be held at the Netherland Plaza Hotel, Cincinnati, Ohio, December 1, 2 and 3.

The Program Committee has in the process of development what promises to be one of the finest programs ever presented before our Society.

The meeting will be held in conjunction with the Ohio State Dental Society. All members of the American Dental Association and members of the various orthodontic societies are cordially invited.

W. J. FITZPATRICK, President
OREN A. OLIVER, Secretary

ANESTHESIA

in

EXODONTIA

By D. H. IRWIN, D. D. S.

THE management of a practice limited to exodontia requires an extensive familiarity with the symptoms of anesthesia. Ether is by far the safest and most satisfactory agent of anesthesia because of its stimulative quality, but ether for routine extraction is, of course, out of the question.

However, the addition of a small quantity of ether, through the vaporizer, for a short time to an obstreperous patient, will turn a seemingly impossible case into a very beautiful one; and if there is breath-holding and coughing at the beginning of the ether administration, the admixture of five per cent carbon dioxid quickly stimulates respiration to such a point that induction is hastened past the troublesome reflexes.

However, the object of this paper is to discuss another phase of anesthesia. We know already the different classifications into which difficult anesthetics fall, such as drug and alcoholic addicts, and the plethoric and athletic types. Now we enter another classification which is possibly seldom recognized, but

the recognition of which is extremely important.

This class is made up of those people suffering from some cardiac embarrassment. A heart with almost any kind of valvular defect will tolerate an ether anesthetic, as the stimulating effect of the ether supports the circulatory apparatus through the operative shock splendidly.

Once we get any inflammatory condition of the musculature of the heart, however, nitrous oxid-oxygen is strongly indicated. A heart with endocarditis or myocarditis is an irritable, fast-beating heart, easily pushed beyond its endurance. Therefore, to stimulate with ether could easily produce such a rapid rate that death would occur from exhaustion of the heart muscle.

If, however, nitrous oxid be given the pulse rate is slowed and steadied, due to the depressant action of the gas. Therein lies also a danger. Always ten per cent, and sometimes as much as fifty per cent, oxygen must be given to compensate for the inability of the heart to aerate the blood completely. This is especially true of a regurgitation.

During the cardiac cycle so much blood is lost to aeration that a state of asphyxia is shortly produced which, in conjunction with the depressive action of the gas, makes all heart deficiency cases rather grave risks if not recognized and an adequate oxygen supply given.

If plenty of oxygen is given, however, cardiac cases can be

handled probably more easily with nitrous oxid than with any other anesthetic because of the rapid and pleasant induction. All ether anesthetics are best begun with nitrous oxid-oxygen of whatever character, as the induction can be made so rapidly that nearly all of the unpleasant symptoms of induction can be bridged.

Missing Issues of ORAL HYGIENE

Dr. J. Sharp, librarian of the Dr. Edward S. Gaylord Memorial Library, of the New Haven Dental Society, finds that the following issues of ORAL HYGIENE are missing from the files of the library:

Vol. 9—1919—June, August; Vol. 10—1920—January; Vol. 11—1921—February; Vol. 12—1922—January, March; Vol. 13—1923—January, July.

Dr. Sharp will gratefully accept any of the above numbers of ORAL HYGIENE as gifts to the library, or he will be glad to exchange them for copies of which he has duplicate, as follows:

Vol. 1—1911—August, September, October, November; Vol. 2—1912—January, March, April, May, June, July, August, September, October, November, December; Vol. 3—1913—January, April, August, September, October, November; Vol. 4—1914—April, May, June, July, August, September, November; Vol. 5—1915—January, March; Vol. 6—1916—May, November, December; Vol. 7—1917—April, October.

If you can supply any of the missing numbers, or wish to make an exchange, please write Dr. J. Sharp, 493 Campbell Avenue, West Haven, Connecticut.



Ask ORAL HYGIENE



CONDUCTED BY

V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Opening the Bite

Q.—How would you proceed to open the bite by building all the teeth where they have been worn short by mastication and erosion, other than by gold and porcelain jacket crowns? If the gold inlay method is recommended, would you advise the direct or indirect method; and how can they be made secure, especially on anterior teeth with no cavities?—O.V.C.

A.—I think this service of opening the bite for patients to a normal jaw relationship is one of the most important services that we as dentists may be asked to perform. It is also perhaps the most difficult, as it should never be undertaken at all without a careful survey of the mouth as a whole, and frequently practically every re-

maining tooth needs to be worked on in connection with this operation.

In my opinion gold inlays are preferable for this purpose to either gold or porcelain jacket crowns, except for the reason of esthetics, where porcelain is indicated, and where the walls of the tooth are so badly broken down that all four walls of a posterior tooth need to be enclosed with a gold jacket crown.

You should never undertake such an extensive operation without mounted study casts or without good x-ray pictures of all of the teeth for the purpose of studying their bony support, and the size and position of the various pulps.

It doesn't matter whether you use the direct or indirect method of securing your wax patterns. It is the correct cavity

preparation and the final adaptation of the gold casting that count. Personally, I usually make my wax pattern by the direct method.

There certainly should be no difficulty in securing ample anchorage for a gold inlay in any tooth without cavities. In my opinion, pin or post hole anchorage is preferable in most instances to the three-quarter crown type of restoration. All occluding surfaces should be made of hard gold. These pin holes for anchorage should be made with tapered fissure burs close to the dento-enamel junction and well removed from the pulpal area. Accurate impressions of the pin holes should be secured in the wax pattern, and the finished casting should fit these holes accurately, and they should be of sufficient depth to provide all the anchorage that the individual case requires. This type of anchorage is ample also for bridge abutments.

In all open bite restoration cases, I feel it is quite essential to establish, first, the jaw relation that you plan to build to with a pair of vulcanite splints made to fit over the occlusal surfaces of the teeth, and to maintain contact, balancing the mandible in its various excursions.

With these vulcanite splints as a guide, you can proceed with the making of jacket crown, bridge, and inlay fittings, cutting a section of vulcanite out of the splint as each individual fitting is ready for insertion. — V. C. SMEDLEY

Canker Sores

If R.H.S.* will apply the smallest possible pellet of cotton saturated with trichloroacetic acid to the canker sores, after first drying them, he will find that although slight momentary pain is experienced, the treatment is effective.—C.R.S.

Allow me to suggest a remedy for canker sores:

I have found after many years' use that a saline laxative will relieve the soreness in a very short time and cause the ulcers to heal readily. It seems to me to be the logical remedy as it corrects the condition that is the cause of cankers in the mouth. It should be taken a half hour before breakfast, a second dose seldom being necessary. Those wearing orthodontic appliances will find it beneficial. —J.T.D.

Frenum Interference

Q.—I have a denture patient who has the lingual frenum attached high on the ridge and it gives us trouble with the denture. Can you tell me if there is any way of clipping this frenum and re-attaching it lower down?—D.H.P.

A.—Our oral surgeon has clipped a number of lingual frenums for us with very gratifying results. He follows the same procedure here as with the upper labial frenum, that is, he cuts out a triangular section and

*ORAL HYGIENE, August, 1931, p. 1718.

closes the wound by suturing the tissue together from both sides.—V. C. SMEDLEY

Diet

Just a word about the question asked by W. P. S.*:

Presuming that the occlusion is correct, and that the lower lateral doesn't strip the roof of the mouth distal of the diseased left upper lateral, let the tooth alone and put the patient on lettuce and water. See that he gets plenty of both—all the lettuce he can eat. Have him chew it very well.

Give him in addition orange juice with a half lemon in each glass three times a day. In a week or ten days there won't be any more pus.

If the tooth hasn't been over-treated, this treatment will be successful.—A.J.D.

Pre-Anesthesia Requisites

Q.—In extracting teeth under nitrous oxid-oxygen, please give me a list of instruments, regular and emergency, and medicaments, which should be ready on the tray before starting to work, exclusive, of course, of forceps and elevators which have to be chosen according to the requirements of the case.—J.L.E.

A.—Following is a list of the apparatus that should be con-

venient whenever an anesthetic is given, regardless of the method.

1. A wooden gag or screw with which to open the mouth.
2. Tongue forceps.
3. Mouth gag.
4. A tracheotomy set.
5. A curved needle threaded with silk, sterilized and wrapped up.
6. A hypodermic syringe.

The medicaments necessary are morphine or a bromide, which are frequently administered hypodermically about one-half hour before the anesthetic. It is well to have at hand a heart stimulant, such as aromatic spirits of ammonia, digitalis, or whiskey.—V. C. SMEDLEY

Trapped Air in Connective Tissue

Q.—Recently I have had several cases of removing the lower impacted third molar. Immediately after removal there would develop a swollen area of considerable size. In some cases I have been able to reduce the swelling partially by massaging the muscles. Upon percussion, the muscles feel as if they were filled with air. I had one case in particular in which it seemed that the muscles in the face and neck were both involved and the only way I could get this back to a nearly normal appearance was by immediate massage and by using cold packs. Upon massaging, bubbles of air escaped

*ORAL HYGIENE, June, 1931, p. 1268.

into the mouth through the socket. Could this condition be due to some injury of the parotid gland or some form of gas bacillus?—H.E.G.

A.—This condition is due to trapped or enclosed air, which has been enclosed in the muscle or connective tissue during the operation. You have followed the correct procedure in massaging the neck and face until the air is expelled through the socket.

It is not likely that the trouble is either in the parotid gland or from a gas bacillus infection. The former would not explain the bubbles and the latter would be accompanied by serious symptoms—high fever, etc.—V. C. SMEDLEY

A Case of Trauma

Q.—Here is a case that has me puzzled: the tooth in question is a lower left central incisor, apparently sound—no cavities and perfect enamel. It is very sensitive at distal contact and at the disto-incisor angle. Pain is felt when a ligature is passed between the contact points. The tooth is very sensitive to heat and cold and is sometimes painful at night.

I have x-rayed the teeth on this side of the mouth and find them to be apparently sound. I cauterized the tooth with phenol which obtunds the pain for a few hours.

What treatment, if any, do you advise?—R.A.Y.

A.—It sounds as though this

tooth has been traumatized either by a blow or in occlusal function. I think it would be advisable to grind it so that it will just miss actual contact with the upper teeth in every position that the mandible can assume. Complete rest will probably permit it to return to normal.

It should be tested for vitality and x-rayed again in six months or a year, as it is always possible that the nerve in such a tooth will die instead of returning to normal sensitiveness.—V. C. SMEDLEY

Diet for Expectant Mothers

Q.—Realizing the importance of foods rich in calcium for expectant mothers, I would like you to give me a diet you consider essential for a woman four months pregnant.

I have just finished what necessary dental work there was to be done and naturally I am interested in keeping the patient's mouth in as good condition as possible.—T.G.P.

A.—This expectant mother should partake generously of milk, fruits, leafy and other non-starchy vegetables and whole-grain cereals and breads. She should partake moderately of a variety of meats and sea foods; and indulge very sparingly, if at all, in sweets and anything made from white flour. Alcoholic stimulants and tobacco should be avoided entirely.—V. C. SMEDLEY

XII—DILEMMAS OF DENTISTRY

The Case of DR. JONES

(Continued from November)

By EX-DENTIST

PRACTICE GROWTH

IT was my ninth month of practice under Doctor Clarke's supervision. I had looked over my appointment book earlier in the day, and noticed that my time was fully booked with patients for some time ahead. My mind was still somewhat filled by the drastic changes from my previous conceptions and methods of practice; but I had been feeling for some time an unusual pleasure and exhilaration in my work.

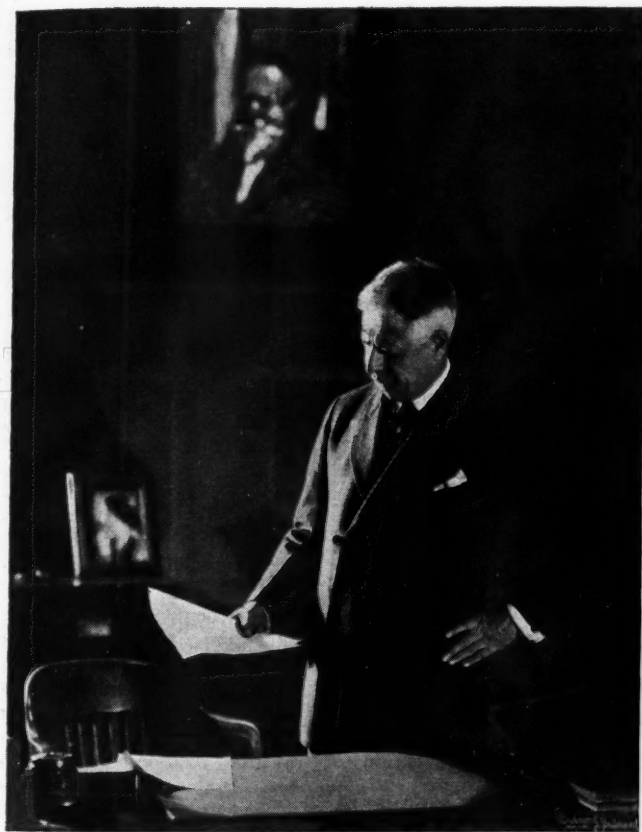
We were gathered, as usual, in Doctor Clarke's den. "Our subject this evening," he commenced, "is on the initial phases of practice building.

"Now, Miss Dunwoodie," he continued, "if a merchant wishes to extend his business, he may advertise or use salesmen, or locate his business conspicuous-

ly on some busy thoroughfare, and expose his merchandise attractively. But these means for extending practice are denied to the ethical dentist, and not without reason.

"When you are buying a dress, you probably weigh the reputation of the store in accepting the clerk's recommendation on quality, and on other matters on which you feel that your own experience does not qualify you to pass judgment. You invariably, however, reserve to yourself the right to select or reject any color, quality, style, price, or other detail arbitrarily. You also feel free to go from store to store exercising your judgment and taste, until you find a dress that suits you in all its particulars, or until some clerk has persuaded you to make a purchase.

"But if you are sick and want medical attention, your liberty of choice is restricted exclusive-



*This patient happened to be a man of some business
and social importance*

ly to the selection of the physician. He will not offer you a variety of treatments or medicines that you may select or reject at your pleasure. He will prescribe wholly according to his own judgment, and will ex-

pect your acquiescence and obedience. The sale of a dress is a commercial transaction. The service of a physician or dentist is a professional relationship.

"In commercial transactions, the considerations at stake are

usually the quality, attractiveness, gratification, or current value of possessions of the seller. The buyer is presumed to be acting without compulsion, competent to choose his requirements intelligently, and to determine values by comparison, competition, or experience.

"But the clients of those professions that deal with human ills do not come without compulsion, nor do they come through desire for new possessions or gratifications. They are driven by suffering or fear to seek relief from existing affliction or from future dangers.

"Nor are they competent to select their own requirements. For this, they must rely upon the superior knowledge and experience of the professional practitioner; and this superiority in the practitioner makes it impossible for them to judge or compare the merits or value of his services in advance, or to buy or bargain for them intelligently, upon commercial lines.

"It is the nature of this relationship, which subordinates the patient so blindly to the judgment and prescription of the practitioner, that precludes the ethical dentist from resorting to commercial methods in the building or conduct of his practice.

"Yet, if we eliminate commercialism in practice building, what are we to substitute? After all, the dentist has invested time, study, and money to equip himself. He has expenses, responsibilities, and am-

bitions. Surely, he has the right to some practical, reliable means to insure the growth of the practice in which his professional and financial future is bound. Is it possible to devise such means within the limits of ethical professional conduct? If so, what are their principles and parts?

"In pursuit of this problem, we must dig a little deeper into the theories and conditions of practice. The relationship between dentist and patient, as I have already indicated, is that of superior and inferior, within its professional limits. The dentist, in his professional capacity, is the guardian, teacher, judge, leader and executive. His satisfactory performance of these responsibilities demands the obedience and co-operation of the patient.

"The dentist, however, at the same time, is the paid servant of the patient. In this respect, he is at the mercy of the patient, who may select, retain, or reject him at will. In this contractual relationship, the dentist loses his superiority and is dependent upon the good will and confidence of the patient.

"We may, therefore, conclude that for professional and contractual purposes combined, the good will, confidence, obedience, and co-operation of the patient are essential; and that the absence of any of these qualifications in the patient may endanger the relationship, or prevent its inception.

"The common denominator

of these four qualifications is Faith. Where faith prevails, we find good will, confidence, obedience, and co-operation. If we accept this conclusion, it seems that at least a part of our problem in practice building consists of learning how to win faith.

"Now, we must not lose sight of the fact that we are discussing the problem of attracting new patients, and that the object is to find definite methods by which the dentist can increase his clientele at need, and eliminate the frequent risks of lost time and dreary periods of waiting.

"Still, how can the dentist, if he is prohibited from using advertising and sales methods, reach out and inspire persons with whom he has had no professional or personal contact?

"Of course, if he already possesses the nucleus of a practice, he may attempt to develop confidence in himself among his existing patients, with the hope that they will transmit this confidence to others. This common-sense procedure is instinctive with most dentists and is obviously indispensable to growth and maintenance of practice under all circumstances. But it does not constitute a method by which the dentist can deliberately regulate expansion or volume of clientele. It does not provide for the numerous contingencies that may retard or disintegrate practice; nor is it a reliable basis on which to make future plans covering long periods of time; and, of course,

it cannot be applied immediately by the dentist who is just making a start, without any established practice whatsoever.

"I have stated this evening that the spread of faith is an indispensable element in ethical practice building, and it may be worth while to analyze some concrete instances in which this quality has played a definite part in the destiny of dentists.

"Most dentists, at some time in their careers, come across instances of patients who spontaneously, and without any conscious effort on the part of the dentist, develop faith in him to such an intense degree that they become active and enthusiastic disciples in spreading their confidence and admiration for his professional abilities. The success of such disciples in attracting new patients varies greatly, and depends upon a variety of personal qualifications and circumstances.

"A dentist, who had been struggling along in a very disappointing way, was visited in his twelfth year of practice by a stranger who asked to have two teeth extracted. The operations were simple, and required no unusual skill or precautions. For some unaccountable reason, the patient after the extractions became imbued with strong admiration for the ability of the dentist, and immediately proceeded to praise and recommend him enthusiastically to his friends and acquaintances. This patient happened to be a man of some business and social importance, and his altruistic apos-

tleship resulted in an influx of highly desirable patients, and in the development ultimately, of a busy and high class practice.

"This example shows that faith in a dentist may arise without unusual professional merit, or out of some temperamental or emotional condition in the patient, or perhaps, as a reaction from some less fortunate previous dental treatment.

"Another noteworthy point is that the dentist had to wait twelve years for this particular type of patient to appear; and that none of his previous patients, many of whom no doubt admired and liked him, seemed to have both the ability and inclination to perform an equal service.

"We also should not overlook the fact that this patient, through his social and business prestige, possessed a wide circle of friends and acquaintances, who would naturally respect his opinions, and be prone to act according to his advice; and that the previous patients of this dentist, who might have wished to perform similar services, perhaps lacked this advantage.

"In another instance, a woman, who had suffered some unfortunate dental experiences, became highly enthusiastic in proclaiming the virtues of the dentist who finally satisfied her. Her voluntary missionary work was productive of quite a number of new, desirable patients. The dentist naturally felt grateful and thought that he would like to recompense her in some way for her effective efforts.

"Finally, he asked her if she would accept a commission on any further patients who came to him, through her influence. She thought this a good idea and they agreed upon a commission arrangement.

"Her production of new patients ceased almost immediately thereafter. It seems that when she was extolling the dentist out of the fullness of her gratitude, and as a genuine tribute to his ability and character, she was able to put a warmth and conviction into her attitude that failed her after she had agreed to accept a commission. This is not hard to understand. The two relationships are psychologically opposed and no one could perform with equal success in both. I know of a number of similar cases, and in no instance has the attempt to transform the spontaneous altruistic missionary work of a grateful patient into a paid service proved successful.

"In still another case that I recall, the dentist did some work for a new patient, a Mrs. Forbes. She seemed much pleased, but as this was usual with patients in his practice he attached no significance to it. About a week later another new patient called, stating that Mrs. Forbes had told her about the wonderful dental services that she had received. Within the next six months over thirty new patients called, each one of them claiming that they had come because of something that Mrs. Forbes had said to them.

"The dentist, naturally, was

DECEMBER, 1931

ORAL HYGIENE



Both Iodent No. 1 for Teeth Easy to Whiten and Iodent No. 2 for Teeth Hard to Whiten have been submitted to the Council on Dental Therapeutics and their compositions and claims found acceptable to the Council.

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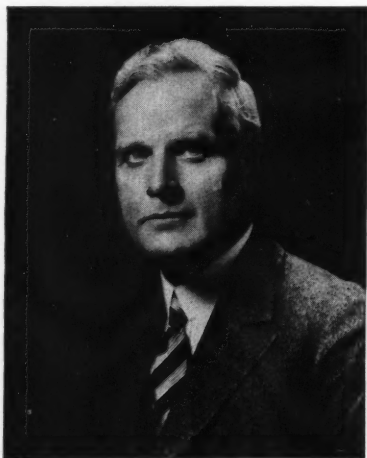


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EVERY successful business man is concerned with his appearance and undoubtedly takes great pride in this carefulness. With many denture wearers, this does not include the proper care of dentures and it detracts from their neatness of appearance.

Cleanliness is one of the greatest assets in preserving denture satisfaction. Many people find it difficult to keep their dentures free from deposits, stains and odors. Your suggestions in this matter are greatly appreciated. Are you advising them of the most efficient and pleasant way of keeping dentures clean?



If you are recommending the use of WERNET'S DENTU-CREME you are performing a very worthwhile service to your patients. However, if you are not, we suggest that you get acquainted with the merits of DENTU-CREME as soon as possible.

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Business

Suggest the use of WERNET'S DENTU-CREME to each one of your denture patients. The use of this cleanser not only keeps dentures as faultlessly clean as the day you made them but it also aids patients in avoiding the unpleasantness of "denture breath."

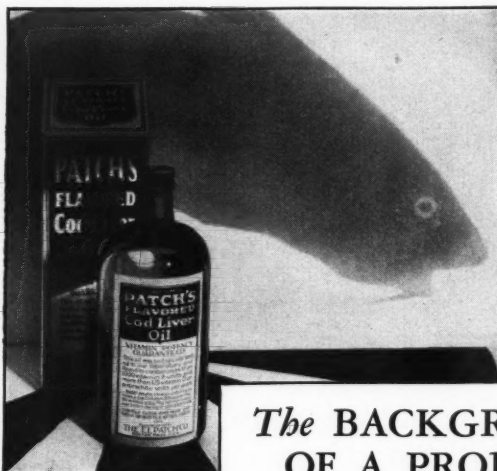
We publish a little pamphlet, "Those Artificial Sets of Teeth", giving full instructions in regard to the proper way of cleaning dentures. Some of these booklets are included with every Professional Package of samples. It is an interesting and valuable piece of literature and should be read very carefully.

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Dr.

Address

grateful to Mrs. Forbes, but had no opportunity of thanking her personally until he met her one day, quite accidentally. 'I must thank you, Mrs. Forbes, for sending so many of your friends to me,' he said.

"'Really, Doctor,' she replied, 'I have not sent any. I suppose I did brag a little about the work you did for me. We run so short of things to talk about at our parties and I am so pleased with your work that I just could not help talking about it. I hope it has not embarrassed you, Doctor. Of course, I know that some of my friends are your patients now, but I did not know that they were using my name as an introduction. Anyway, Doctor, they all think the world of you.'

"In this case, the patient, Mrs. Forbes, had performed an excellent job of practice building almost unconsciously, and she was oblivious of the fact that when her friends told her how wonderful they found the dentist to be, they were seeing him through her eyes. Many patients, who are enthusiastic about their dentists, do practice building, without being fully conscious of it, in the same way.

"In these illustrations that I have cited, and others that have come to my notice, I find certain close similarities of characteristics and circumstances. Effective apostles invariably possess some natural qualities of leadership, and usually belong to some social, religious, educational, or business group, in

which their opinions are respected. They are grateful and appreciative by disposition, and are endowed with the capacity and vitality to throw themselves wholeheartedly into any altruistic attitude or cause that appeals to them. Very often, they are entirely oblivious of any purpose, except to express appreciation and admiration for the services they have received. If they offer advice, it is more with the thought of giving their friends the opportunity of receiving exceptional service, than that of benefiting the dentist.

"Most of these missionaries rise to the heights of their enthusiasm, while they are new patients of some dentist. It seems that it requires the novelty of a new contact to kindle the spirit. Patients of long standing, while they may appreciate their dentist fully, and recommend him at opportune times, usually have settled down to such a placid matter of fact relationship with him that it would never occur to them to become enthusiastic about him. I do not mean to convey that the good will of the older patients is not valuable. On the contrary, it is indispensable.

"It also seems that these disciples attach themselves to a practice sporadically and unexpectedly, and that there is no way of attracting them or even of recognizing them, until their results appear. No dentist can rely upon their arrival. Two or three may turn up in any one year; and on the other hand,

- none may show up during an entire career. Their active missionary work usually subsides as suddenly as it starts. It rarely lasts more than a few months. No doubt, other new interests then absorb them.

"Now, Miss Dunwoodie," continued Doctor Clarke, "I have been dealing with this subject rather indirectly, and I wonder whether I have thrown any light on it for you."

"Everything you say is extremely interesting and instructive," replied Miss Dunwoodie, "but I do not think that Doctor Jones has or will have any practice building problem. Every minute of his time for the next month is spoken for. Really, it is not a question of attracting patients, but of finding the time to attend to all who are clamoring for service."

"That is very interesting," replied Doctor Clarke. "How did this come about?"

"Quite naturally," replied Miss Dunwoodie. "Everybody likes and admires Doctor Jones. He does such excellent work. They think him so modest and are so interested in the way he runs his practice."

"I am quite sure that Doctor Jones deserves all you say," said Doctor Clarke, "but how did the first patients happen to come?"

"Well, perhaps I was responsible for that," replied Miss Dunwoodie. "I became so interested in my work and in all the absorbing things that I have been learning, that I may have talked quite a bit about them.

At home the incidents of my work are our main topic of conversation. I always have something new to tell the folks about our doings at the office. In a way, I suppose I have taught my family and some of my friends many of the things I have learned. Wherever I am, at home or at our social or church meetings, everybody seems so eager to know about my work, and about Doctor Jones, and how we do things. When I explain our practice theories and procedures, they become so interested and, of course, those who meet Doctor Jones like him very much."

"But, Miss Dunwoodie," Doctor Clarke interrupted, "what does Doctor Jones say that impresses your friends so greatly?"

"Oh!" replied Miss Dunwoodie, "he does not have to say much. They can judge him by his appearance and manners."

"You have not told me yet how the first patients happened to come, Miss Dunwoodie," persisted Doctor Clarke.

"Well, I hardly know myself," replied Miss Dunwoodie. "Friends asked me to make appointments for them. Perhaps they had been talking to me about our work, or they may have been talking about it among themselves. It is hard to tell how they did happen to come."

"I suppose," remarked Doctor Clarke, "that you like your friends to think well of Doctor Jones."

"Well, naturally," she re-

plied, "I do not see how they could do otherwise."

"And, of course," Doctor Clarke remarked, "you like to have your friends come to Doctor Jones for dental services."

"Of course, I do," she replied. "But I think they are very lucky to have such a good dentist."

"I believe you are right, Miss Dunwoodie," said Doctor Clarke. "From what you say, it may be possible that Doctor Jones has no practice building problem at this time. Perhaps he may never have one."

"By the way," he continued, "we expect Mrs. Jones and Mrs. Clarke to call here in a few minutes. I wonder whether you and Miss Wentworth would care to drive with them to the club. Doctor Jones and I will join you there later."

After the ladies had left, Doctor Clarke said to me, "Probably you realize as well as I do what has transpired in your practice, particularly in the practice building end. But it may do no harm to do a little reviewing and analyzing. By the way, Doctor, you seem to be enjoying your practice more now."

"I am, indeed," I replied. "Looking back, I can hardly believe it to be all true; no worries about fees or patients; and relief from almost every responsibility, except the actual professional service to patients. What grips me, particularly, is the respect and friendliness that the patients show me. They all seem to have such high opinions

of my abilities. It is all so different. I am afraid that it is giving me a swelled head. Everyone seems to think so well of me that I am commencing to believe it myself. Of course, it is not hurting the quality of my work. On the contrary, I find myself fighting hard to maintain this confidence."

"Yes, I know just about how you feel," said Doctor Clarke, "and I am very glad indeed that everything seems to be turning out so well. You deserve more credit for this than you realize, but we will take up that point later."

"The incidents and phases that I wish to explore particularly," continued Doctor Clarke, "are those that bear on practice expansion. According to Miss Dunwoodie's expressions, your present loyal and substantial practice is the natural result of your recognized professional and personal excellences, plus, perhaps, a little unthinking activity on the part of your executive secretary."

"Of course, you and I know that Miss Dunwoodie played a much more important part than she admits. I can quite understand her attitude. This is her first experience in which she can give free rein to her organizing and managing faculties. The instruction she has received has opened up a wider horizon of mental activity. You may be sure that she tested you out in many ways, at the beginning, and that the quality of your services, your sincerity and the

reaction of your personality on those of her friends, who became your first patients, were carefully and anxiously weighed by her. As a result, she now believes in you implicitly and feels that her friends will be benefited by placing themselves in your hands.

"Her position, as your manager, and the wide powers that you have delegated to her, give her a proprietary and protective sense of responsibility for the practice and for your professional and personal reputation on which its welfare hinges. Her work, in arranging your time, in stipulating your fees, in representing you socially, in dispensing your free work, and in the many other acts that touch your personal comfort, efficiency, and interests, intensify this protective attitude.

"She is not concerned with advancing her own financial interests, as she has decided that they are safe in your hands. She is thinking in terms of her career, of learning, perfecting, building, and of devotion to a purpose. All these elements are giving her an emotional and mental thrill at this time which she finds very engrossing.

"In her mind, she has definitely idealized you as the best dentist possible, and as far as her interest is concerned, the only dentist. Your superlative qualifications, as a dentist, are so obvious to her that she thinks patients should flock to you in droves. She has placed you on such a high pinnacle, so far above herself that she resents

the idea that you need her help, or any other person's in practice building.

"Of course, she does not see these conditions just as I have described them. The whole thing is still so new to her, so full of new factors, situations, and emotions, that she has not had the opportunity or perhaps inclination, to separate and classify them. She is still only dimly conscious of her excellent practice building potentialities.

"Her family and friends approve of you and of her position. They are all much interested in her progress, in the things that she is learning and doing, and as she is just brimming over with enthusiasm regarding her association with you, it is only natural that a great deal of her family and social conversation revolves around her work with you.

"People are much more interested in dentistry than most dentists realize. It is almost safe to bet that in any group of ten adult persons, at least seven are conscious of needing dental treatment; and that two out of the other three are ready to discuss some phase of treatment that they have received and which they consider of special interest to the others. If anyone, except a dentist, precipitates a remark about some dental experience it usually starts an active discussion in which almost everyone in any friendly group participates with seeming enjoyment.

"In view of this, it is not difficult to realize that Miss

Dunwoodie's principal topic of conversation wherever she goes pertains to her experiences and knowledge of dentistry. I feel sure that in most cases, the subject is brought up first by others; but wherever she does initiate it herself, it is done inadvertently and without specific design. These conversations, particularly as Miss Dunwoodie has become so well informed, arouse interest in dentistry, in your practice, and in yourself. Her friends naturally gather from her attitude, or words, that she has a high regard for you personally, and great admiration for your abilities as a dentist. In her position, it would be difficult for her to hide this, even were she so inclined.

"As the result of these circumstances, her family and friends, and some of the friends of her friends, naturally come to her with their dental problems, and suggest that they would like you to do their work. As she has large circles of relatives and friends, your practice has grown in this way, very rapidly.

"Now, in all this, as I said before, Miss Dunwoodie is still only partly conscious of her beneficial effect upon your practice. She has never deliberately attempted to influence anyone to patronize you. All her dental discussions originated spontaneously as a family or social topic of interest, and without any conscious ulterior motive on her part. Those of her family and friends who have joined your

practice appear to have done so entirely of their own volition. She sees that they are all highly pleased with your services and are recommending you to their friends. To her, the results seem to have come naturally and without design.

"Of course, right down deep in her heart, she has the feeling that she is helping you in practice building. The points that I made this evening on patients who became practice building apostles did not pass over her head. But because she has placed you so highly in her estimation and because she will fight to have her family and friends give you the same high recognition, she will not admit to her friends, to me, to you, or even to herself, that your success depends upon her efforts.

"The same situation occurred with Miss Wentworth. She refused to take any credit, or even discuss her influence in practice building with me, in the early period of our association. Of course, now that her responsibilities have broadened to the supervision of a staff, each member of which contributes in some way to practice growth, she is willing and able to discuss this subject in all its angles. She still maintains, however, that the practice success is due to my professional and personal qualifications, and has not been dependent in any way, upon her."

[*Doctor Clarke continues his discussion of PRACTICE GROWTH in January.*]



W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,

Editor

Manuscripts and letters to the Editor should be addressed to the Publication Office at 1117 Wolfendale Street, Pittsburgh, Penna.

Thomas A. Edison

WHEN I was a small boy I lived in a town that was long on education and short on equipment. We had a state university with David Starr Jordan as president, but we had no water works; the natives and students drank water from the wells and cisterns of the town and hoped for the best; those of us who were most durable survived.

Of course, Edison didn't invent this town, but he did invent the carbon arc lights that were installed in or rather around the public square. Those old lights sizzled and sputtered and buzzed in a most terrifying manner; one moment they blinded you with their glare and the next they fooled you with their glimmer.

The farmers came to town at night to do their shopping and to bask in the glitter of the great white way, and the students neglected their studies and brought their girls down town to see what might be seen. The rest of the town was dark so that, after your eyes had beheld the glory of the arc lamps, you were blind anyway, and if you heard any of the limpid sounds of love, it was a case of hear 'em but no see 'em.

Modern youth with the automobile has nothing on the old-timers with the arc light.

For many years nearly every new appliance was in

Editorial Comment

some way connected with Edison. Living in a university town, I could not help wondering how it was that this marvelous man had been able to dazzle the world—with a total of three months of regular school attendance. Certainly the university, with all the machinery of mind training, was unable to equal the product of that old country school.

Does our education really educate? Are the long years spent in school worth while? Is the quality of the mind ever improved by our modern type of education? The answer of Thomas A. Edison to these questions was in the negative. His influence upon the world has been as great as that of any man who has ever lived in any age, possibly the greatest influence of any man.

Does our education develop latent genius or does our education suppress latent genius? Would it not be good scientific practice to have our educators study the factors that enter into the lives of our great men to discover, if possible, those elements that have helped these outstanding benefactors toward the goal?

In his modesty Edison said, "Genius is ninety-eight per cent hard work." If that is the case, that other two per cent must have been very potent stuff.

Upon education the future of America and the world rests. It is never too soon or too late to chart our course by the light of experience.

The remarkable achievements of Thomas A. Edison are not so remarkable as was the tremendous development of his brain. There are many brains of genius rank in America, but their development has up to now been merely accidental. The stupid routine of college classwork has ruined more good mental material than it has ever helped, and with our

huge universities equipped like Ford factories to turn out students all alike, we are acquiring a deadly mental average that makes the contrast with Edison the more appalling.

Edison has shown us the possibilities of the human mind, but with all of his thousands of patents, he registered no claim upon the process by which he stored away those countless facts, which emerged from his mind as practical ideas.

Science is classified knowledge, but genius is the conversion of facts into greater usefulness.

Attack?

AN editorial in a recent issue of *The Bulletin of the Chicago Dental Society* calls my September editorial regarding the Council on Dental Therapeutics an "attack" on that body.

Readers who turn back to page 1975 of September ORAL HYGIENE will find that my editorial was not an "attack" on the Council, but a criticism, dealing entirely with the fact that *dental* members of the Council are in the minority.

Those who do wish to read an attack upon the Council should turn not to ORAL HYGIENE, but to a file of *The New York Journal of Dentistry* where they will find, in a recent issue, an editorial on this topic by Dr. Martin L. Dewey, President of the American Dental Association.

The State Board in California

ONE of the first duties of every state dental association is to maintain a legislative committee composed of the most active and energetic and able men in the organization. This committee should maintain the political contacts for the state association and should be in position to make itself heard

whenever state dental appointments are to be considered.

Every state dental law should have a clause requiring the governor to make state board appointments from a list presented by the state dental association. This clause, if properly handled by the state association, will regulate the type of men who are empowered to examine applicants and issue licenses for the practice of dentistry; if improperly handled, this clause can become a source of irritation both to the association and to the governor.

While it is unfortunate that our dental association politics have not always been conducted upon a highly ethical plane, there is some satisfaction in the knowledge that we have some politically trained conferees who should be able to give a handicap to the professionals and then beat them at their own game. Now is the time to draft the able politicians for front-line service.

In California we have a governor; in this state we usually have a governor. Some of our governors have not been so easy to look at as this one. This governor has not worn a pair of shoes* in more than fifty years, but then, you know, California has a warm climate.

On November 9, 1927, Dr. Earnest O. Lawing, of Long Beach, and Dr. Bert Boyd, of Los Angeles, were appointed members of the California State Board of Dental Examiners to serve for four years and until the successor of each is appointed and qualified.

An amendment which went into effect on August 14, 1931, to change the date of expiration of these two commissions so that they would not occur upon the same date, provided for determination by lot of which commission should expire on September 15, 1931, and which should continue until January 15, 1932.

The governor, referring to a ruling made ten years

*He wears boots.

ago that these commissions expired on August 8, removed both Dr. Lawing and Dr. Boyd and appointed two other men.

The Los Angeles Record stated:

"AD" DENTISTS WIN REPRESENTATION

Attorney General U. S. Webb Rules Appointments Legal

SACRAMENTO, Sept. 11—California's advertising dentists today were victors in their fight for representation on the state board of dental examiners.

In a ruling by Attorney General U. S. Webb, the appointments of Dr. A. Zimmerman, of Los Angeles, and Kenneth E. Nesbitt,* of San Francisco, by Governor Rolph were held legal.

The appointments were protested by Dr. Ben Boyd, of Los Angeles, and Dr. Ernest O. Lawing, of Long Beach, president of the board, who claimed their terms had not expired.

The attorney for the board claims that these removals and the new appointments are absolutely illegal.

If the appointments are illegal, then every act of the new state board of dental examiners will be illegal and the state will be in a rather peculiar position so far as the dental law is concerned.

Dr. Lawing and Dr. Boyd feel that it is their duty, in so far as possible, to keep the state board upon an even keel and to maintain the ethical membership of the board.

Dentistry has been developed and maintained by the ethical members and the ethical organizations of the profession. Without malice toward any advertising dentist, we would like to call the attention of the governor to the fact that the advertisers represent less than five per cent of the voting strength of the dentists.

The lesson to be learned in this emergency is that

*Dr. Nesbitt is not an advertiser.

dental organizations must immediately adopt permanent political responsibility.

THE DENTAL ASSOCIATIONS ARE RESPONSIBLE FOR THE WELFARE OF DENTISTRY.

Jules J. Sarrazin

THE last year of the Civil War saw the birth of Jules Sarrazin in New Orleans. As a boy he went through the miseries of the terrible reconstruction period that left its marks deeper than the ravages of war.

To know Jules Sarrazin was to come in contact with the spirit of the old South. He received the degree of A.B. at Tulane University in 1883, and the degree of D.D.S. from the Baltimore College of Dental Surgery in 1887. His whole professional life was spent in the city of his birth. For many years he was the dean of the Loyola University School of Dental Surgery. Dr. Sarrazin was one of the early pioneers as a specialist in pyorrhea alveolaris, which we would now call periodontia.

He invented many instruments and originated many of the medicaments now in use.

In his death New Orleans loses another of her famous old guard and dentistry loses a very valuable member; his achievements and his rare personality will long be remembered by those who had the good fortune to number him among their friends.

Recreation

TO many recreation means golf, tennis, polo, swimming, rowing, hunting, fishing, trap or target shooting, or any other active outdoor sport.

Floriculture and horticulture supply recreation to many. Poker and bootleg whiskey claim a fair share

of devotees. Walking is almost a lost art, but the old hotel rocking-chair still holds its own. Now and then someone would read a little if it were not for the blare of the radio. What is the use of straining your eyes to read when the radio announcer can tell you so many things that are not correct and so few things that are correct?

Recreation is refreshment of body or of mind or of both; diversion or, we might better say, joy of living. Re-create would mean to make over. Whatever we do that is conducive to our well being and contentment is a recreation. Indulgence in a real recreation leaves us with a satisfied feeling of well being and content—the true test of a recreation.

A successful recreation must have two main requirements, one of which is positive and the other negative; the positive requirement being contentment and recuperation, the negative requirement being a lack of overwhelming interest so that the "recuperatee" can keep his mind on his work during business hours.

Many practitioners have no form of recuperation. In some cases this is because they have not sufficient physical energy left at the end of the day to justify further physical effort. Sometimes the contest features of such sports as golf and tennis are not pleasant to a sensitive nature; there are many men who take no pleasure in the boasts of those who best them regularly on the links.

The zest of many a game is lost to all but the winner because the self-criticism of the losers more than discounts the value of the exercise.

This does not mean that these men are not good losers, they are so earnest in all that they do that they are mentally disqualified in those exercises that pile up scores, unless they are particularly endowed by Nature with great endurance and those other qualities that are so necessary in the winning of athletic contests. Sometimes these very men are so pleased

by the over-excitement of winning that the benefit is lost in the super-nerve stimulation.

The idea of this discussion is that a very careful study of the particular sport or avocation, in which men past early middle age may desire to participate, should be made in relation to the physique, temperament, occupation, and health of the individual.

A man with the boundless health and energy that make a good golfer should not content himself with an amusement that uses up no physical energy, and, on the other hand, a man who has no energy to spare should not try to make of himself an amateur athlete after neglecting the matter in his early youth.

Our recreations should be so adjusted to our needs that indulgence is followed by mental and physical benefit. The good-fellow idea of going in with the "boys" and in manfully endeavoring to keep up, when the poor, worn-down physical machine cries for rest, has been the real cause of many a premature funeral.

It is also a good idea to arrange our schedules so that business, professional gatherings, and recreations will not hopelessly interfere with each other.

In Case You Forgot Last Month

WE give thanks that things are no worse. We also give thanks that any change will be for the better.

If the change will hurry up and come, we will give more thanks. In spite of all our groans, the condition in which we find ourselves is normal. There can be no high tide of prosperity without a back wash; we just happen to be around while the ebb flow goes by. The only people who escape are the dead ones, the prisoners, and those as yet unborn; we can give thanks that we have so far escaped these classifications.

We can also give thanks that the A. D. A. has met

and has done whatever it was proper for it to do and has adjourned and gone home.

We can give thanks that we live in the United States and that we may yet be able to help this country get on the right track and help the government to get into the hands of a better class of men than those who are now running it.

The present office-holders, much as we may be dissatisfied with them, are a better lot than we have ever had before. Progress stops when we are satisfied. That is the most hopeful sign of our present dissatisfaction; it may be the rumblings of progress.

The main reason that prosperity is about to return is that the general public is all fed up on the calamity howlers. The voice crying in the wilderness is no longer popular; the voice calling the people to business is the voice that gets the close attention these days.

Just now your patients can get time for dental work more easily than they could in the past or than they will be able to in the future. Their money is safer and will do them more good invested in good dental work than it will in the bank. The reasoning is obvious; let the patient help you to give thanks, you help the patient to give thanks, and the bank simply changes the funds from one account to another.

We certainly are willing to have a lot to give thanks for.

Toys

HEALTH comes first in the raising of children, but a good second should be happiness. The old firm of Health & Happiness is hard to beat. Just being a stockholder in that business is worth our best efforts. All of us enjoy toys of some description. Some of our toys are so practical that they are regular equipment, becoming toys only when we play with them. Other toys have no practical value and

can be used for amusement only. Some of the things with which we while away the leisure hours were, in the course of human development, most serious articles of offense or defense.

The dictionary says that an article constructed for amusement is a toy, that is, if it is for the amusement of children. The question, "when is an article, a toy," can be answered only by a decision as to when we cease mentally to be children.

A toy is a part of the machinery of visual and of tactile education, which is used in a spirit of freedom and enjoyment; if this voluntary and pleasing element is absent, the toy becomes a tool.

But what has all of this to do with oral hygiene? Simply the fact that millions of children are allowed to use their mouths as a third hand, or as a vise, or an extra pocket, or a wrench, or a plane, or a nutcracker, or any one of the thousand things that a mouth should *not* be used for. When toys are being selected for young children, the first thought should be to avoid those things that could be passed into the mouth. Let each toy be selected with a very careful plan of education. The most frequent mistake is made in giving a child toys that are suitable to a more advanced age.

Neither pleasure nor instruction is possible if the toy is too complicated for the immature mind of the child; give him something he can understand. Indoor toys are not suitable for out-of-doors; summer toys are not suitable for winter. Toys that would be safe for children playing alone might be dangerous for children playing in groups. Whistles, mouth-organs, horns, blow-up rubber gadgets, and bubble-pipes are prolific carriers of disease when passed around. Frequently the worst offenders with such toys are adults, many of whom are suffering from communicable diseases, who insist upon showing lit-

tle Johnnie how to play a tune; sometimes it is little Johnnie's last tune.

Consider all objects that go into a child's mouth as strictly personal and private.

It is a splendid idea to keep children and their toys away from invalids, particularly invalid relatives.

The selection of toys is a matter of the greatest importance. Just as the selection of a college is important to the welfare of the older children, so is the selection and progressive replacement of toys important to the growing child. There are few successful people now living whose toys did not have a powerful influence in directing their selection of a career.

Senator Shipstead Says When

IT is very satisfactory to note that in the Senate of the United States a dentist, Senator Henrik Shipstead, holds an important vote. Dentistry has cause to be proud of the outstanding statesmanship of the one member of our profession who graces that august body.

The present membership of the Senate is equally divided between the Republicans and Democrats, even after the death of two members; and unless the governors of New Jersey and Arkansas appoint senators whose party affiliations are different from those of their predecessors whichever way Senator Shipstead votes will have a majority of one. This means that the Farmer-Labor senator is sure to be very earnestly consulted upon every bill that is likely to cause a sharp party division when the vote is taken.

The dental senator's record has been one of constructive, honest, able, patriotic achievement. We are fortunate in this time of unrest to have a man of such intellectual stability holding the whip hand.

Tempus FUGIT



Twenty years ago
this month.

A Reply to Sir William

[EDITORIAL NOTE: *In the October, 1931, issue of ORAL HYGIENE, Tempus Fugit recorded a twenty-year-old denunciation of American Dentistry by Sir William Hunter, noted English pathologist. Recently many readers have written about this article but as time has established the theory of focal infection, it is hardly necessary for us to devote space to a defense of our methods of twenty years ago. Let us see what readers had to say about it at that time.*]

As the inventor of the gold crown, which proved to be the forerunner and foundation of fixed bridgework, I feel impelled to notice some of the statements made by the noted physician.

The doctor is right so far as he goes, for there is no denying that some of the profession and laity are going mad over fixed bridges, not of "beaten gold," but of a bad combination of gold and base metals. Sometimes as many as six or more metals are found in the mouth of one vic-

tim. This does not represent conservative American dentistry, but it does represent its very antithesis.

To Dr. Hunter is due the credit of coining the label for a condition that antedates modern dentistry. "Oral sepsis" may be due to error in feeding, veridigris, amalgam; sometimes its cause lurks in shady places, for it has been traced to calomel and other crude drugs administered by our big brother, the regular physician, to cure lesser ills.

When a dentist looks into the mouth of a patient hitherto untouched by any of his craft and finds pus pouring from the sockets of thirty-two otherwise sound teeth, shall we charge the blame to conservative American dentistry?

The medical profession antedates the dental by thousands of years, has been diligent in politics and elected its members as a sole committee on births and deaths and should be able to say to its little brother, "This is the way; walk ye in it."—H. E. DENNETT, D.D.S., Boston, Mass.

ARE YOU GUILTY?

By W. E. HOFFMAN, D. D. S.

THERE is no doubt but that all businesses have suffered during the past twelve months and are still suffering, ours as well as others.

None of us are badly hurt, perhaps, but down in our hearts we know that business is not normal.

This present condition is only natural and will eventually adjust itself. And, perhaps, all that we dentists can do, working as a unit in our own respective communities, will not change things materially.

However, with people clamoring for lower dental fees, and with dentists trying to hold their clientele intact and still maintain their standards, I believe it would be a wise thing to discuss the situation among groups of dentists in your own communities and in a general way, perhaps, plan or outline the wisest procedure to follow in the future.

The greatest danger times of depression bring us is the demoralizing effect that price competition and unjust criticism of the other fellow's work can

have on the profession as a whole—and not any particular danger of failure of any individual.

It takes years to build up confidence in anything, but that same confidence can be undermined and destroyed in a short time. And while there may be no visible tendency on the part of any dentist in your community at present to cut fees in order to gain business, it might destroy confidence in every dentist for years to come if such a practice were started. Such an effect would occur in a round-about way, but nevertheless, it could happen.

For, just as surely as one would cut fees, others could and would meet such fees, or even cut under him, with the result that the quality of the service would have to suffer to justify the decrease in fees. Consequently, the standard of dentistry in that community would be lowered and the present standard of modern dentistry would be imperiled.

Dentistry as a science is progressing. It is not a gold filling

or a silver filling or a bridge or what-have-you that we are selling, as an article of trade, to our patients. It is our own individual service and judgment and skill to solve dental problems and to restore the defective and damaged teeth patients have sustained in their own individual cases.

And when any of us try to gain patronage by trying to restore teeth a little more cheaply than the other fellow, we are admitting that our skill and our judgment are not worth so much as those of our fellow dentist.

You may convince, temporarily, your patient that your competitor is a robber. Or the story that So-and-so is an inferior dentist might impress some patients for a while. But eventually it will boomerang back to the accuser because the seed of the thought is planted in that patient's mind that some dentist was crooked, that "he stung me and I had better not trust any dentist again."

This type of patient will look for defective dental work and be ready to blame the dentist for anything that goes wrong in his mouth forever after. And you must bear in mind that there is a human element involved in dentistry that can and does eventually control the life of every dental restoration. I don't care how perfectly and how sincerely it is constructed.

Don't promise everything. Be honest with patients. Explain that the same agencies that caused the decay originally

might undermine dental work in the future. Dr. So-and-so was not necessarily a crook because his fillings did not last so long in Mrs. Black's mouth as they did in Mrs. Blue's. Maybe Mrs. Blue did not have some physical or organic condition present that Mrs. Black did have.

I think that is one thing that makes dentistry as hard to "sell" today as it is. When times are not normal the tendency to promise anything and criticise everything is greater than when times are good. We should really be co-operating to maintain confidence in good, honest, conscientious dentistry, instead of trying to prove "all dentists but me are crooks; I'll save your teeth, but the rest of the gang will rob you."

Spend more time in building up in patients the belief that dentistry is a necessary safeguard to good health, appearance, and long life instead of wasting time deriding some other dentist. Establish your fees in proportion to the time it takes you to do your work to the very best of your ability, and be sure to give them their money's worth, and forget that word *depression*.

John Ruskin, noted English poet, many years ago said:

"There is hardly anything in the world that some man cannot make a little worse and sell a little cheaper, and the people who consider price only are this man's lawful prey."

Think it over.

Color Illustrations Feature of New Dental Digest

EDITORIAL illustrations in full color will be a feature of the new *Dental Digest*.

This month's issue is the last to be published by the former owners, the Dentists' Supply Company of New York. *The Digest* will be published by ORAL HYGIENE beginning early in 1932.

In the new magazine illustrations will be substituted for text wherever possible, in keeping with the new *Digest's* editorial formula for presenting technical information in a new way: "Tell how—tell it swiftly—tell it pictorially."

Pages 9 x 12 inches in size will provide adequate space for large, clear pictures.

One of the articles scheduled to be illustrated in full color has to do with the technic of pyorrhea treatment. The article itself will occupy about a page of type; the rest of the story is told in illustrations, including ten plates in full color—life-size photographs showing various steps in the recommended instrumentation. The illustrations for this article also include nu-

merous black-and-white photographs and radiographs.

The number of pages in the new *Digest* will be comparatively limited. The editor's blue pencil, the camera, and the color press will reduce technical information to the minimum area. The publishers are spending money for careful editing, numerous pictures, and color printing—not an acreage of type and paper.

At the Memphis meeting of the American Dental Association, there was an opportunity to show rough page proofs to several members of the profession. They were, to a man, enthusiastic—realizing that the new journal provides an opportunity to present technical information in a way that might almost be termed "a clinic on paper."

The new magazine is not to be a "dental *Popular Mechanics*." Scientific topics will, however, be interpreted from the standpoint of the practicing dentist's direct interest.

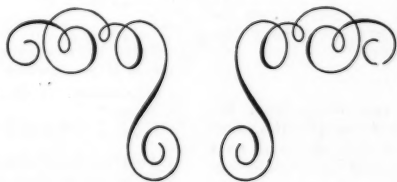
One feature of the forthcoming journal will be articles for lay reading, which may be secured in reprint form for

presentation to patients or for use at the chair. Dr. J. B. Jenkins' next article on "Showing the Patient" will be published in an early *Digest*, illustrated with some twenty-five roentgenograms each, with accompanying text, answering a typical question asked by patients—questions difficult to answer without visual material of this character. Reprints of this, in convenient form, will be available as soon as the article appears. Two similar articles, by Dr. Jenkins, in ORAL HYGIENE, brought requests for reprints from more than 2400 dentists.

The new *Dental Digest* is scheduled to appear early in

1932, but as stated here last month, the exact date will depend upon completion of plans for a journal more elaborate than anything that has yet been offered to the profession. The editor and publishers do not intend to short-cut these plans for the sake of meeting exactly a predetermined date of initial publication.

ORAL HYGIENE readers are invited to submit contributions to Dr. Edward J. Ryan, editor of *The Dental Digest*, at his present address, 1218 Pratt Blvd., Chicago, Illinois. He will be glad to send upon request a booklet on "Writing for *The Dental Digest*."



LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He MAY print it—but he won't send it back.

Carl: "Darling, in the moonlight your eyes shine like pearls."

Helen: "*When* were you out in the moonlight with Pearl?"

A negro boxer was to fight a heavyweight champion. When he reached the ring he hung back.

"It's all right, Sambo," said his second. "Just 'say to yourself, 'I'm going to beat him,' and you will win."

"That's no good, boss," replied Sambo. "Ah *knows* what a liar Ah am."

Some people are bent from too much work; others get crooked trying to avoid work.

A woman ran away from her husband and went to live in a hotel.

After several days she went back to him. She said she could not stand looking at the sign on the hotel door every time she went out. It troubled her conscience. The sign was: "Think—have you left anything?"

Old Maid: "So the waiter says to me, 'How would you like your rice?'"

Friend: "Yes, yes, go on."

Old Maid: "So I says, wistful-like, 'Thrown at me, big boy.'"

If a man knows where he's going you can tell it by his walk.

Jack: "I ate in the new cafe last night."

Jim: "What did you eat?"

Jack: "Incubator chicken."

Jim: "How did you know it was incubator chicken?"

Jack: "Well, no chicken with a mother could have ever gotten so tough."

Shocked Old Lady: "And on the way here we passed about twenty-five people in parked cars."

Young Hostess: "Oh, I'm sure you are mistaken. It must have been an even number."

Satan (to newcomer): "Hey! You act as if you owned this place."

Newcomer: "I do. My wife gave it to me."

Heaven is a place where there will be no parting nor parking.

WILL SELL 1 OPERA SEAT, subscription, second row orchestra, Monday evenings; very accessible to exit. Telephone VAnDerbilt 3-0466.—*Adv. in the Times.*

We get you.—*The New Yorker.*

Helen: "You mean to tell me he just sat here all evening with his arms folded?"

Carrie: "Yeah, but I was in them."

Oral Hygiene Measures a Hidden Habit

.... a habit which has a
direct bearing upon
your relations with
dentists

.... one which is a defi-
nite factor in your
affairs

.... so this is as much
about you as it is
about Oral Hygiene

"But how can you measure a habit, of all things?
.... And what habit did you measure? And
why did you want to measure it?"

AS publisher of Oral Hygiene, for many years I've
felt that the magazine is of greater value to ad-
vertisers than even the most enthusiastic of them
fully realize.

I have believed that there is a definite, special value
which is virtually hidden.

True, year after year advertisers write about the re-
sults in orders and inquiries they can trace direct to Oral

Hygiene. But this is something they can see with their own eyes.

One would think any magazine would be satisfied with that; and we have been happy about it, and it has given us unlimited enthusiasm, for all of us have known we are offering definite, proved value.

But I have thought a lot about this other hidden value—the value not so clearly apparent—yet just as real, it seemed to us, as the one advertisers could see.

The reason I felt certain of this other value was because I couldn't see how the magazine could pull so many traceable inquiries and orders unless the advertising section were read by very many more dentists than identified themselves through writing to manufacturers.

Moreover, numerous dentists whom I meet tell me of their interest in the O.H. advertising section—because it presents complete information about the multitude of things they use in their work.

This casual information, and the numerous specific cases of traceable results reported by advertisers, led to the belief that many dentists are in the *habit* of reading Oral Hygiene advertising regularly.

Otherwise, traceable results wouldn't be reported—because many dentists never reply direct: they ask salesmen, or phone their dealers. Only a minority of advertisement *readers* do any *writing*.

One day, some months ago, I was thinking about this thing and after cogitating awhile I got the idea of measuring this habit—to determine whether cold fact would support what had been pretty largely a theory.

It didn't take long to figure out a way to get at the truth: ask dentists, ask a sufficient number of them, ask them in several representative cities.

The first city chosen was Boston. We arranged to make personal calls. Personal calls would get the answer—

whatever it was—from everybody who could be reached, not just the friends of the magazine.

The first investigator was employed. He was instructed to get the truth, to report it in detail. The answer was of no interest to him. We told him he was paid simply to get facts. We planned his talk to that end.

To get a true cross section, we figured we should call on each dentist who could be reached in each of several buildings.

Each building would represent virtually a segment of the profession. By the law of averages, it would likely house dentists of various types of mind. Random calling around town might by chance give too favorable a picture. There would be no sense in that.

The Boston investigator talked to 33 dentists in Warren Chambers, 17 in the Walker Building, 30 in the Little Building, 10 in the Park Square, and 45 in the Colonial Building.

Of the 135 men to whom he talked, 133 receive Oral Hygiene; two had not yet been listed.

So as not to make an issue of the advertising section, he asked each man in detail about his interest in the magazine editorially.

This led to interesting discussions because Oral Hygiene is rather blunt and outspoken editorially and very few readers agree with everything we print. Various articles and departments were specifically discussed—some they liked, some they didn't—but that is another story.

Then the investigator asked casually about the advertising in dental magazines generally.

Of the 135 dentists, 19 said they were not in the habit of looking at any dental journal advertising.

That left 116 men. Of this number, 14 stated that they read the advertising in several dental journals.

The remaining group—102 out of the original 135—freely stated that, of all journals, they turned most often

to the Oral Hygiene advertising section—91 of the number going over it regularly every 30 days, 11 referring to it regularly for specific information.

Thus was the Oral Hygiene habit measured in Boston. The habit has also been measured in other cities and the facts will be published.

Measurement of the habit in Boston—in the cross section group practicing in 5 Boston buildings—discloses the information that out of the 135 interviewed by the investigator, 102 men depend regularly upon Oral Hygiene's advertising section for buying information.

This and succeeding reports measure for the first time the habit which is of such vital importance to dental advertisers.

We frequently measure circulation for you in detailed sworn statements.

Advertisers measure for themselves the response to inquiry-seeking advertisements.

Now we have measured what seems even a greater value than circulation, than direct response—the habit dentists have of turning to the Oral Hygiene advertising section for information about dental goods, just as you turn to the phone book for phone numbers, to the dictionary for definitions.

These men *expect* to find your advertising in Oral Hygiene.

They seem to take it for granted that you already know that they use O.H. as the standard reference. When your copy is missing from the current issue, you lose contact with them, just as you would if your phone number were missing from the current phone book.

It has been expensive to measure this habit, but it has been inspiring, too, for it gives further and decisive proof—if anybody needs it—that O.H. is the indispensable dental medium.

Merwin B. Massol, Publisher

"LIKE A
FINE VIOLIN"



NEW
TRUBYTE

NEW TRUBYTE

"LIKE A FINE VIOLIN"

WILL RESPOND
TO YOUR SKILL



ANYONE MAY PLAY
AT A VIOLIN -
BUT - IN THE HANDS
OF A MASTER - THERE
WILL COME FORTH
TONES AND MELODY
THAT WE WOULD NOT
DREAM POSSIBLE . . .
. . . THE TONES ARE
THERE - BUT AWAIT
THE PLAYER'S SKILL
. SO WITH
NEW TRUBYTE

HERE IS A REAL
SYSTEM OF WELL-
HIGH LIMITLESS
POSSIBILITIES . . . IT
FITS THE STUDENT
AND YOUNG GRADUATE
. . . AS HE GROWS
IN SKILL . IT KEEPS
AHEAD OF HIM . . .
HELPING . BECKON-
ING HIM ONWARD TO
NEW ACHIEVEMENTS

TRUE
"COLOR-TONE"

AT
YOUR
BIDDING
IN THE

NEW
TRUBYTE
SHADE
GUIDE

THE DENTISTS' SUPPLY
COMPANY OF NEW YORK



NEW TRUBYTE TEETH



HAVE
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RECEIVED
YOUR
COPY?

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Correct Oral Acidity

BY REMOVING THE CAUSE!

THICK, ropy saliva and calcareous deposits in the mouth are characteristic indications of oral acidity.

This is a condition which you see almost daily, and one that is generally recognized as being due to the failure of one or more of the eliminative organs to function properly. For instance, the intestines become clogged, thus permitting fermentation and the setting up of toxins. The kidneys are less active and the blood stream is over-loaded.

Sal Hepatica administered in laxative doses is the approved method of flushing the intestinal canal. It accelerates removal of waste material and prevents fer-

mentation and excessive accumulation of toxins. Sal Hepatica stimulates the absorptive, excretory and motor functions of the alimentary tract and so is a recognized aid in removing the cause of oral acidity.



* Sal Hepatica *

MEMO to Bristol-Myers Co., 75L West Street, N. Y. C.

Without charge or obligation on my part kindly send me samples of Sal Hepatica to be used for clinical purposes.

Name _____ D. D. S.

Street _____

City _____ State _____

HEIDBRINK

FOR ANESTHESIA AND CONTROLLED ANALGESIA



MODEL T
DENTAL UNIT

Its simple, convenient control and accurate delivery meet every anesthesia requirement of routine or emergency administration.

Sight feed gauges at all times indicate the exact dosage being delivered. Emergency oxygen is instantly available.

Ninety per cent of dental patients respond properly to a simple routine anesthesia technique.

ANALGESIA

The apparatus is also ideal for administering *analgesia* for cavity preparation, scaling teeth, grinding abutments, lancing periodontal abscesses, etc., all of which work may be done painlessly in *analgesia with the patient fully conscious*.

The Heidbrink is safe and easy to operate. It gives you what you want when you want it. And no other machine is so economical. Leading dealers sell Heidbrink apparatus.

Write today for a copy of CATALOG No. 7

The HEIDBRINK COMPANY
Minneapolis Minnesota U.S.A.

No pain at all, Doctor . . .

**.. Not a bit .. Slept splendidly,
yes .. had a good night .. I took
an Allonal, as you said, as soon
as I got home and another when
I went to bed .. No one would
ever dream that I'd had such
a siege with
my teeth**

ALLONAL 'Roche'

**gives sedation during
the appointment and
relief from pain post-
operatively with safe-
ty. It is non-narcotic
and quickly elim-
inated.**

*Complimentary supply of
Allonal sent to dentists on
request*

**HOFFMANN-
LA ROCHE, Inc.
Nutley
New Jersey**





Let The Practice Play Santa Claus To You ▲ ▲ ▲ ▲

*M*AKE the practice present you with an S. S. White Equipment Unit and pay for it from the accrued revenue that will come from the increased service that can be rendered hourly, and from the increased patronage that always flows to him who is best equipped to render service.

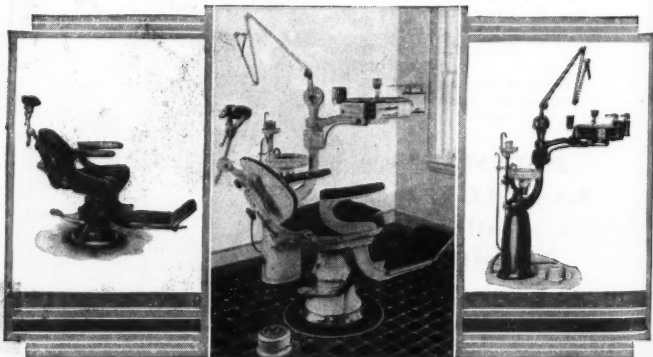
You may be paying for this unit now in the loss of revenue from waste time which the S. S. White Equipment Unit would save for you; why not own it?

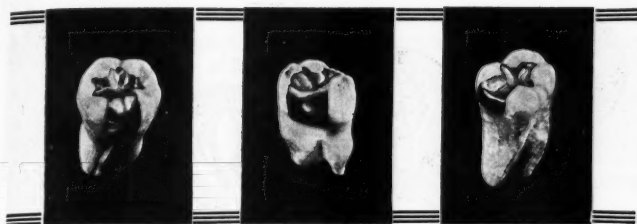
Just how the modern operating accessories of the S. S. White Equipment Unit will make your practice more pleasant, efficient and productive will be gladly demonstrated by your dealer without incurring any obligation whatsoever.

S. S. WHITE EQUIPMENT UNIT and DIAMOND CHAIR

FOR THE MODEL DENTAL OPERATING ROOM

On Display at Dental Depots





Right Now, SOMEONE, SOMEWHERE
is inserting a filling of

True Dentalloy

An amalgam of this high silver content alloy, correctly mixed and properly inserted, becomes a filling that will give excellent resistance to masticatory stress.

Amalgam fillings of True Dentalloy do not shrink, they are dense and firm in texture, consequently they will not be the cause of a ditch at the margin. Nor will they jeopardize frail walls because the well-known resistance to the hammer of occluding cusps is one of the factors that has made fillings of True Dentalloy noted for their endurance wherever dentistry is practiced.



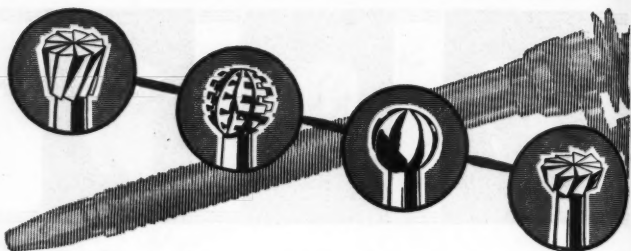
WRITE FOR BOOKLET

"BETTER AMALGAM FILLINGS"

IT'S INTERESTING and INSTRUCTIVE



The S. S. White Dental Mfg. Co.
211 South 12th Street Philadelphia, Pa



REVELATION BURS—

*The most sensible practice builders
that you can use*

Painless dentistry is the strongest appeal a dental office can make to the public at large. It is an appeal to the instinct that originated with the first living thing—self preservation.

Though all treatment cannot be entirely free of distress, gentleness in operating is one of the greatest friendship and faith builders that any dentist can employ.

Burs have been accused of heading the list of pain producing instruments. They are mentioned too as being the most

used instruments in a dental office. Doesn't it follow then, that only the very best burs should be used?

Revelation Burs are "stoned." "Stoning" imparts that razor sharpness and makes the edge hold longer. A Revelation Bur is an accurate instrument. Every one is inspected with the aid of glass and micrometer to assure your receipt of burs with true heads, necks, shanks, even blades; in other words, burs that will offer the least annoyance to your patients.

S. S. WHITE REVELATION BURS

*Are Sold by Reputable Dealers
Everywhere*

IN EVERY COUNTRY, EVERY CLIME

CDX

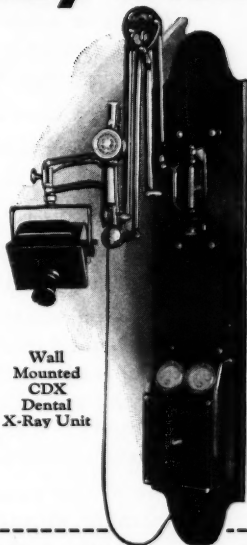


Shock-proof Dental X-Ray Unit

FROM Broadway to Bangkok and back, in every port the world over, from arctic cold to tropic heat, you will find CDXs in service.

On London's Strand and Shanghai's Bund, in every center, progressive dentists find the x-ray invaluable. Only the CDX will satisfy, for it is at their elbow, alongside the dental chair, always available for instant use.

CDX popularity is due to its well-balanced design, offering just the right power, 100% electrical safety and desired flexibility for dental x-ray work.



Wall
Mounted
CDX
Dental
X-Ray Unit

*Descriptive literature on
request—use the coupon.*

**GENERAL ELECTRIC
X-RAY CORPORATION**

2012 Jackson Boulevard

Chicago, Ill., U. S. A.

FORMERLY VICTOR



X-RAY CORPORATION

General Electric X-Ray Corporation 125
Dental Department
2012 Jackson Blvd., Chicago.
Please send illustrated booklet and full
information on the CDX.

Name _____

Business Address _____

Dealer _____

Join us in the General Electric program broadcast every Sunday afternoon
over a nationwide N. B. C. network

ALL-BRAN

IN A questionnaire sent out by *Oral Hygiene* to the leading dentists of the country, this question was included:

Have you observed that extraction cases improve more quickly when intestinal elimination is functioning properly?

Here are a few of the answers:

"Yes, emphatically so."

"Yes, the same may be said of all oral pathology."

"Yes, always recommend an eliminant."

"Of greatest importance."

"Always prescribe same after."

There were 145 answers in the affirmative, 6 negative, and 4 doubtful. Here is conclusive proof that proper elimination prior to the extraction and during the period of recovery is a decided aid to oral surgery. Many of the names were those of prominent exodontists.

One of the pleasantest and most *natural* ways to promote elimination is by using Kellogg's ALL-BRAN, a delicious ready-to-eat cereal. ALL-BRAN provides the "bulk" needed to exercise the intestines, and gently cleanse them of poisonous wastes.

Two tablespoonfuls daily will correct both atonic and recurring constipation. For stubborn cases, ALL-BRAN is suggested with each meal.

is often helpful in extraction cases

ALL-BRAN is a natural corrective. Its use does away with the need for pills and drugs — which are so often harmful and habit-forming. Over a period of years, it has been found both efficacious and safe.

ALL-BRAN is one cereal that can be eaten day in and day out with unfailing enjoyment. With milk or cream, with fruits or honey, or used in cooking. Its appetizing nut-like flavor will please your patients.

Iron and other minerals and proteins are furnished by ALL-BRAN, helping to build up the general health of the patient.

A full-sized package of Kellogg's ALL-BRAN will be sent to any dentist, free upon request. Made by Kellogg in Battle Creek.

. . .

You'll enjoy Kellogg's Slumber Music, broadcast over WJZ and associated stations of the N.B.C. every Sunday evening at 9:45 E. S. T. Also KFI Los Angeles, KOMO Seattle at 10:00, and KOA Denver at 10:30.

Kellogg's
ALL-BRAN





"Pearls of Personality"

TRADE MARK REG.

BOOS
Porcelain Jacket
CROWNS

\$**6**

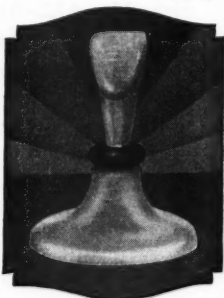
Anteriors or Posteriors

Boos Ceramic Artists are experts in the carving, staining and baking of porcelain—the finest known material for restoring the beauty of those *Priceless Pearls of Personality*, the natural teeth.

For over 30 years we have served the dental profession, and today enjoy the patronage of a large and discriminating clientele. We are organized and equipped to produce for you the finest restorations at very moderate cost, and we can serve you well, Doctor, regardless of your location.

* * * * *

A Porcelain Jacket Demonstrating Crown is the medium through which you can reveal to your patients the possibilities of restoring tooth form and beauty with porcelain. The Boos Demonstrator shown at the right is constructed over a prepared root, and mounted on a beautiful pink base. Special price \$3. The coupon below is for your convenience in ordering.



BOOS DEMONSTRATOR

\$3

Porcelain
Inlays
\$3
and up

HENRY P. BOOS
Prosthetic Studios

MINNEAPOLIS, MINN.

Send me your
Porcelain Jacket
Demonstrator at \$3

Dr. Address

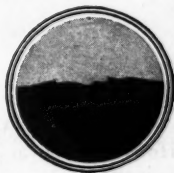


BARD-PARKER

Formaldehyde

GERMICIDE

(AT RIGHT)
Micro-photographs
of steel blade magni-
fied 400 diameters



Edge of blade after boil-
ing in water 5 minutes

A Powerful Sterilizing Medium...Non-injurious to Metal Instruments

AS A SAVER of both instruments and time, many dentists have found BARD-PARKER Formaldehyde GERMICIDE to be superior to boiling for sterilization. It will not rust or corrode metal instruments, mirrors, syringes, hypodermic needles or burs. Is non-injurious to rubber dentures. Instruments dry rapidly after removal from the solution. No rinsing or wiping required, thus maintaining sterility.



Edge of blade
before treatment



Edge of blade after 36
hours in BARD-PARKER
Formaldehyde GERMICIDE

Prices:

Pint bottle . . . \$1.00
Quart bottle . . . 1.75
Gallon bottle . . 5.00

Inclusive bio-chemical laboratory tests indicate destruction of non-spore bearing pathogenic organisms such as Micrococcus Aureus within 2 minutes.

Parker, White & Heyl, Inc.
369 Lexington Avenue, New York, N. Y.

ADVT. No. 6
APPEARING IN
DENTAL
PUBLICATIONS



DENTAL MEETING DATES

The Seventh Annual Greater New York December Meeting, Hotel Pennsylvania, New York City, November 30 to December 4, inclusive.

Ohio State Dental Society, 66th Annual Meeting, Netherland Plaza Hotel, Cincinnati, Ohio, December 1 to 3, inclusive. The Southern Society of Orthodontists meets simultaneously.

The St. Louis Dental Society, 75th Annual Meeting, Hotel Jefferson, St. Louis, Mo., December 7 to 9, inclusive.

Society for the Advancement of General Anesthesia in Dentistry, next regular meeting, December 14, Essex House, 160 W. 59th St., New York City, at 7 P. M.

Chicago Dental Society, 1932 Midwinter Meeting, Stevens Hotel, Chicago, Ill., January 18 to 21, inclusive.

The Minnesota State Dental Association, 49th Annual Meeting, Municipal Auditorium, St. Paul, Minn., February 24 to 26, inclusive.

Kings County Dental Society, 20th Annual Meeting, Hotel St. George, Brooklyn, N. Y., February 25 to 27, inclusive.

Michigan State Dental Society, 76th Annual Meeting, Statler Hotel, Detroit, Mich., April 11 to 13, inclusive.

The Massachusetts Dental Society, 68th Annual Meeting, Hotel Statler, Boston, Mass., May 2 to 5, inclusive.

Iowa State Dental Society, 70th Annual Meeting, Fort Des Moines Hotel, Des Moines, Iowa, May 3 to 5, inclusive.

The Dental Society of the State of New York, 64th Annual Meeting, Hotel Ten Eyck, Albany, New York, May 11 to 13, inclusive.



COLGATE'S keeps teeth clean *and this is Colgate's only claim*

In the midst of extravagant and gilded toothpaste claims, Colgate's has always contended that the function of a toothpaste is *not* to do the work of the dentist—but to *keep teeth clean*—and that Colgate's *does* clean teeth effectively and safely.

This is one reason why more dentists have recommended Colgate's through the years than any other kind of toothpaste.

We are grateful to the dentists of America for their fine cooperation, more evident today than ever before. And in return, Colgate's pledges to keep faith with the dental profession—to guard zealously the quality of its toothpaste, so that it will always merit such fine recognition.



The seal signifies that the composition of the product has been submitted to the Council and that the claims have been found acceptable to the Council.

COLGATE'S RIBBON DENTAL CREAM

Mischief, too, for idle teeth!

IDLE hands haven't a monopoly on mischief. Too well you know what a lot of trouble idle *teeth* can make! And *are* making!

Too many soft foods being eaten. Teeth being cheated out of their natural work, *chewing!*

For years dentists have been advising the serving of crisper foods. But patients don't always follow a prescription unless it provides for their appetites as well as their health. So, many dentists now especially recommend Grape-Nuts. Not only is it crisp and chewy—but it's delicious, too!

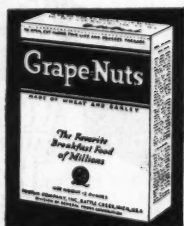
The crackling goodness of these golden-brown kernels fairly *invites* thorough chewing.

And there's another way in which Grape-Nuts benefits teeth. For, served with whole milk or cream, it supplies a ration rich in teeth-building calcium and phosphorus.

Grape-Nuts is made of wheat and malted barley, and contributes to the body many vital elements needed for health and energy . . . in a form easy to digest. Grape-Nuts, a product of General Foods Corporation, is sold by grocers everywhere.

For free offer, address General Foods, Dept. GS-1231, Battle Creek, Mich. If you live in Canada, address General Foods, Limited, Dept. GS-1231, Sterling Tower, Toronto 2, Ont.

May we send you a special gift package containing a sample of Grape-Nuts, together with samples of Instant Postum, Post Toasties, Whole Bran, and Post's Bran Flakes? We shall be glad to send this gift package upon request. © 1931, G. F. CORP.



Analysis of Grape-Nuts

Moisture . . .	2.1%
Ash	2.7%
Proteins . . .	12.3%
Fat (ether extract) . . .	0.7%
Fibre	2.0%
Carbohydrates (other than fibre)	80.2%
(Maltose 13.5%)	
Calories per ounce	105



KILLING BACTERIA

IN WATER ♦ ♦ ♦ OR IN BODY FLUIDS

UNDER actual conditions of use, Zonite will be found to be the ideal antiseptic germicide for general dental practice. It was not offered to the public and the medical and dental professions, until it had been tested and proved most rigidly—not only under favorable circumstances {as in the presence of water} but under the more difficult conditions induced by the presence of body fluids, saliva and serum.

Zonite is an electrolytically prepared solution of sodium hypochlorite, standardized at a high chlorine content to insure ample germicidal power. Being non-caustic and non-poisonous, it is particularly suited for use in combating infection in the oral cavity.

*Write for FREE bottle of ZONITE
and interesting literature.*

ZONITE PRODUCTS CORPORATION

CHRYSLER BUILDING, NEW YORK, N. Y.



Now . . . SAVE MORE



and
secure
Better Burs.
See Special
Offer
below

ASK any one of the nearly 20,000 dentists who are using Scharmann Burs and they will tell you that they cut with less pressure, less heat, and less pain—that they cut cleaner and smoother, gentler and cooler, and more rapidly than other burs.

We believe that you, too, will prefer them, once you know the satisfaction they give and the large savings they enable you to make.

And to induce you to get acquainted with them, we offer to send you **FREE** a popular assortment of one dozen of the new Scharmann Mounted Stones—value, \$2.00—with your order for a gross assortment of Scharmann Burs in an attractive mahogany case, illustrated above. This Special Offer is for this month only.

**Take advantage of it . . . And save
an extra \$2.00**

----- MAIL THIS COUPON -----

GUSTAV SCHARMANN, 1181 Broadway, NEW YORK CITY

Please send **Assortment S9**—one gross of assorted plain and cross-cut fissures in attractive mahogany case—at reduced price of **\$8.25**, including a popular assortment of one dozen of the new Scharmann Mounted Stones—value, \$2.00—**FREE**.

Doctor.....

Address.....

Charge through.....

Another radiographic aid to operative procedure

EASTMAN OCCLUSAL X-RAY FILMS

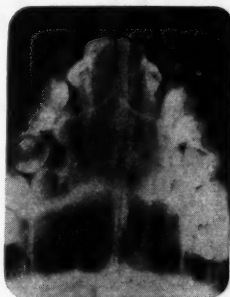
IN EVERY dental practice there are often cases in which it is extremely difficult to accurately localize the cause of known disturbance. Even the periapical radiographic examination may not show it satisfactorily.

Many such conditions can be quickly visualized in the occlusal radiograph. This view shows: The occlusal relationship of the teeth; impactions; broken off root-tips; foreign bodies; ranulae or stones in the salivary ducts, etc. It also gives valuable information in cases where the mandible has been fractured.

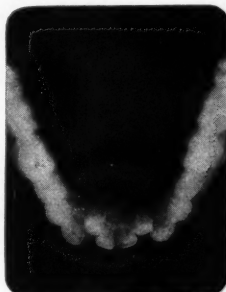
* * * * *

The new Eastman Occlusal Films are supplied in white, machine-made packets; identically the same as the comfortable Eastman Radia-Tized Film packet, except that they are larger (2¼" x 3").

Two types are available: Single-coated Regular and double-coated Super Speed Contrast; the latter requiring only one-eighth the exposure of the former.



Occlusal view of the full upper denture.



Occlusal view of the full lower denture.

"Devils, Drugs, and Doctors"

For a quarter hour of stimulating entertainment, tune in on "Devils, Drugs, and Doctors," broadcast each Sunday evening at 8 o'clock, Eastern Standard Time, over a coast-to-coast network of the Columbia System. These talks, sponsored by Eastman Kodak Co., are given by Howard W. Haggard, M.D., Associate Professor of Applied Physiology, Yale University

EASTMAN KODAK CO., Medical Division,
367 State Street, Rochester, N. Y.

Gentlemen: Please send me, regularly, your free publication "Dental Radiography and Photography."

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you accept this for your office?

OVER 20,000 dentists have requested the chart of *Pathological Changes of Hard and Soft Oral Tissue with Normal Nerve and Blood Supply Indicated*. It is remarkably well done by a dental authority. The illustrations are attractively reproduced in exact colors. Many find this chart extremely helpful in making explanations to patients.

Only a limited number are available from the final printing. Will you kindly return the coupon at once before the supply is exhausted?

THE PEPSODENT CO.,
Palmolive Bldg., Chicago, Ill.

Please send me, without cost, a chart "Pathological Changes of Hard and Soft Oral Tissue with Normal Nerve and Blood Supply Indicated," with the three illustrations in full color on one sheet—suitable for framing.

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Old Santa is travelling light again this year. But a Jelenko Check can reach you in ample time to aid your Christmas shopping. Just mail your scrap direct to us or send through your dealer. You will receive a careful assay, the highest price and a prompt remittance. Our reputation is your guarantee

*Mailing Pouches on Request
Remittance in Cash or Jelenko Gold*

JELENKO GOLD

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Manufacturers and Refiners of Dental Golds
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For You

A Gift

A full-size can of
Revelation Tooth Powder

FREE

We will be glad to send a full size can of REVELATION TOOTH POWDER to every dentist who sends in the coupon. It is a gift worth sending for and—it's our treat!

This offer is made every month. Therefore, there is no time limit but we urge you to send for your supply immediately. Enter into the Yule-tide Spirit by sending for this gift offer today.

Send also for a supply of samples for distribution among your patients. This distribution will serve as a gift from you to your patients. Your patients will like REVELATION TOOTH POWDER. It is a real cleanser.

Take advantage of this offer now and send the coupon for a full size can of REVELATION TOOTH POWDER and also testing samples for your patients. Please enclose card or letter head with your request.



For Your Patients

AUGUST E. DRUCKER CO.,
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- ☐ Please send me free testing sample.
☐ Samples for my patients.

Dr. _____

Address _____

(Designate what is desired)

For LIFETIME Service



HOOD'S FILLING GOLD



For LIFETIME Satisfaction



THE RIGHT ROAD
TO DENTURES
THAT WILL
CORRECTLY AND
COMFORTABLY

FIT YOUR PATIENT
IS THROUGH
ACCURATE
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PERFECTION
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The
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Sold at all leading dental dealers

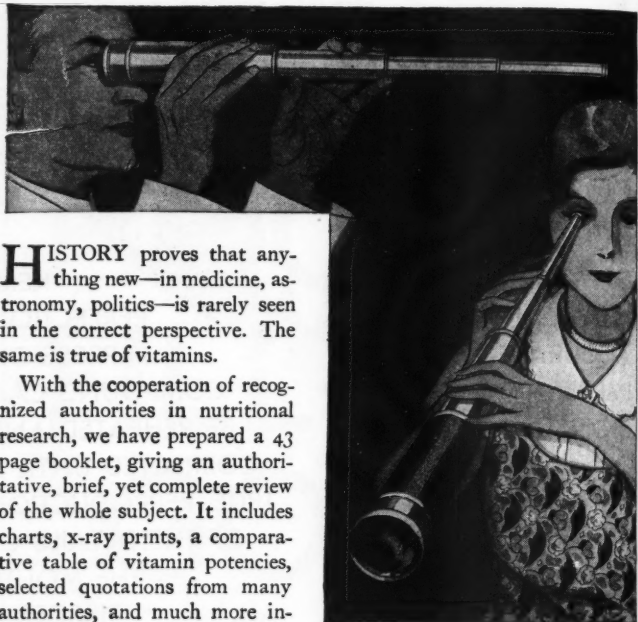
Detroit Dental Mfg. Co.

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PERSPECTIVE



HISTORY proves that anything new—in medicine, astronomy, politics—is rarely seen in the correct perspective. The same is true of vitamins.

With the cooperation of recognized authorities in nutritional research, we have prepared a 43 page booklet, giving an authoritative, brief, yet complete review of the whole subject. It includes charts, x-ray prints, a comparative table of vitamin potencies, selected quotations from many authorities, and much more information of interest to you.

We will gladly send you a copy, if you will mail the attached coupon to us. We think you will agree with us that it helps to place the whole subject of vitamins in the proper perspective.

**GENERAL
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Bakers of Bond Bread

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420 Lexington Avenue, New York City, N. Y.

Gentlemen:

Please mail me a copy of your 43 page booklet, "Vitamins — An Aid to Optimal Health".

Name

Address

VITAMINS

1931
1932



CHRISTMAS IS COMING

It won't be long now

A little extra cash won't hurt

You know where to get it, if you have any precious metal scrap lurking around your office, - - - - from THE J. M. NEY COMPANY. Make an early hunt this year, to be ready for early Christmas shopping.

Have you any old rings, trinkets, watches, etc. at home? Why not send them along also? You will receive the same accurate returns, the same prompt attention to these as for your office scrap and grindings in the past.

Ship direct or through your dealer.

THE J. M. NEY COMPANY

HARTFORD
71 Elm Street



CHICAGO
55 E. Washington St.

Post Operative Relief Quickly

*... and a Clean
Workable Mouth*

Modern Post-operative technique does not concern itself so much with pleasing the patient's palate as with safeguarding the patient from dangers incident to the service rendered. "Pleasing the patient's palate" is NOT a legal obligation. The exercise of due care is MANDATORY.

In other words, synchronizing technique with a proper evaluation of post-operative dangers does not permit of temporizing with taste or washes of unknown antiseptic worth.

Because of the fact that surgical Asepsis is of such primary importance in post-operative treatment, we honestly believe that

KOJENE REG. U.S. PAT. OFF. Solves the problem of
Post-Operative Safety

Prescribed for home use pending the next appointment it brings the patient back with lesion and oral cavity immaculate and as workable as you could desire.

Kojene is non-toxic, non-destructive of tissue, penetrates deep, does not coagulate albumin and we believe its efficiency makes possible a degree of oral surgical cleanliness hitherto unobtainable. Expose the infection and Kojene will do the rest.

Doctor, if you will mail the coupon, we will be glad to send you a generous office supply and let Kojene prove to you why

Kojene Products Corp. O.H.-12-31
Buffalo, N. Y.

*Send me a bottle. I'll be
glad to try it.*

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Please Enclose Professional Card

FROM ONE DENTIST TO ANOTHER



**"I REGARD
ULTRA-VIOLET
A VALUABLE
ADJUVANT TO
OPERATIVE
PROCEDURES"**



"ULTRA-VIOLET from the Burdick Water-cooled Quartz Lamp hastens healing by stimulating granulation—brings nutrition to the tissues and carries off toxins by increasing the blood supply. I find that it relieves pain quickly—stimulates calcium retention—minimizes infection by direct bactericidal action. Then, too, I like the tonic effect and regulation of mineral metabolism secured by general irradiation."

For proof of Burdick advantages, kindly mail the coupon.

Burdick

PHYSICAL THERAPY EQUIPMENT

Air-cooled Quartz
Lamps
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Water-cooled Quartz
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The Burdick Corporation
Dept. 450, Milton, Wis.

Please send literature on use of
Burdick Water-cooled Lamp in
Dentistry.

Dr.

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City.....State.....

Along with proper dental care, they need **BOTTLED SUNSHINE!**

● Poor teeth in children usually mean one of two things. Either the children did not receive the essential factors to *build* sound, well-spaced, even teeth, or they were not given the proper dental care and diet necessary to *keep* them sound.

In the early years when children are building their teeth, they particularly need the factor which helps in calcification—Vitamin D. At this age, they are building *two* sets of teeth at once. Deprived of Vitamin D, their teeth are likely to come in soft and subject to easy decay.

Once their teeth have erupted, dental care is, without question, of first importance in keeping them perfect. And always, along with dental care, comes proper diet!

Are they receiving enough of the important factors which help to preserve the hard tooth structure? This is what dentists must ask.

For the very same factors which help to build sound teeth also help to prevent decay.

The surest safeguard dentists can provide, the most dependable source of the calcifying Vitamin D, is *Bottled Sunshine*—good cod-liver oil.



Outdoor sunshine, the other natural source of Vitamin D, often cannot be depended on, particularly in winter when the weather is bad.

Bottled Sunshine provides children with an abundance of the calcifying factor, Vitamin D. It also contains Vitamin A, which they need for growth and to help build up their resistance against many winter ills.

Both these factors, Vitamins A and D, children obtain in abundance from Squibb Cod-Liver Oil.

Another thing about Squibb's. It comes in the pleasant-tasting Mint-Flavored Oil that older children like.

Recommend Squibb's when you tell mothers to get cod-liver oil for the children. All reliable drug stores carry it, plain or mint-flavored.

SQUIBB • COD-LIVER OIL

PLAIN OR MINT-FLAVORED

This product is acceptable to the Council on Dental Therapeutics of the American Dental Association

Here, Doctor, is the small size Kleenex you've asked for

*These sanitary disposable tissues now in
2 convenient sizes for professional use—*

Napkin Size, 9"x10"—Towel Size, 15"x18"

"USE Kleenex to cover the instrument table, and also as a bib and a towel, but a smaller size would do for patients' use," says a Chicago professional man.

Here you are, Doctor! The new napkin size Kleenex is just what you are looking for. Like the towel size Kleenex you are now using, it's 91% more absorbent than linen, even more absorbent than the best cotton rolls. It's absolutely sanitary. And far softer than old linen.

Now that Kleenex is supplied in two sizes, you'll find these disposable tissues doubly convenient, doubly economical. By taking advantage of its many uses, you can greatly reduce expensive towel laundering.

As you suggested, Doctor, you'll find patients appreciate Kleenex after extractions, and in the retiring room. Dentists tell us it is just what they want for wiping instruments, as a headrest covering. They also use it as packs, as an absorbent, and in the laboratory to wrap and pack impressions.

Towel-size Kleenex, too, saves you money and is a great convenience. Use it to cover your instrument table, as a bib for patients and as a supplementary towel.



Dentists who haven't tried Kleenex will want to do so at once. With your order for a dozen professional size packages, either towel or napkin size, your supply house will furnish a white metal Kleenex wall cabinet free. If you have not tried Kleenex, mail the coupon today for a full-size professional package of Kleenex (napkin size) free of charge.

KLEENEX COMPANY, OH-12
Lake Michigan Bldg., Chicago, Ill.

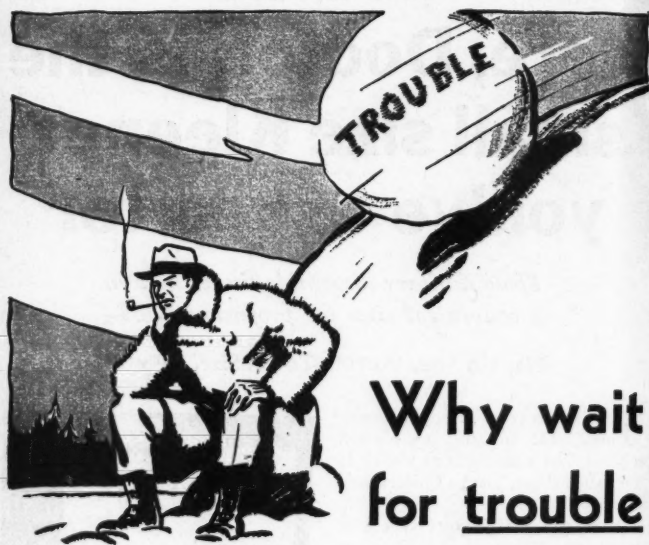
Gentlemen: Without charge or obligation, please send me a full-size professional package of Kleenex (napkin size).

Dr. _____

Address _____

City _____ State _____

KLEENEX disposable TISSUES



Why wait
for trouble
to prove this to you?

Even the finest cement is too low
in cost to worry about!

A four drop mix of Ames Crown and Bridge
Cement costs $2\frac{1}{2}$ cents. Cheaper cements
average 2 cents per mix.

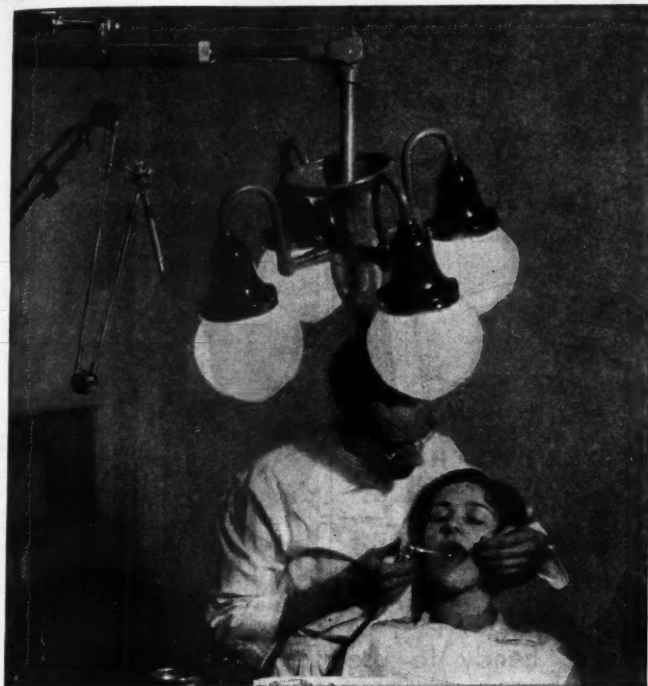
When Ames is more adhesive, more durable,
and definitely more dependable . . . is any
dentist justified in risking the ultimate suc-
cess of even the simplest cementation for
such a trifling difference?

INTERNATIONALLY
KNOWN FOR
QUALITY

Crown and Bridge
Inlay
Oxy-Phosphate of Copper
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Berylite
Casting Cement
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CEMENTS

THE W. V-B. AMES COMPANY « » FREMONT, OHIO



Out of the Shadow . . .

. . . into the light. The new improved Ritter Rhein-Type Operating Light makes it possible to direct soft, evenly diffused light rays into the oral cavity, producing a perfectly clear and shadowless operating area. Write for details or phone your Ritter dealer now. Ritter Dental Manufacturing Co., Inc., Rochester, N. Y.

RITTER

AMMONIATED SILVER NITRATE

(Williams)



A STABLE compound properly proportioned, handy to use from the pipette stoppered bottle, and easily reduced with Iso Eugenol or Triolin (a non-irritating formalin compound).

Dealers Everywhere

By

KING'S SPECIALTY CO.
Fort Wayne, Ind.

There's Appearance, Comfort, Fit and Long Wear in this

ANGELICA BUTTONLESS SMOCK



—it takes experience to build these important details into a dental garment. It is neat, dignified, masculine and professional clear through.

Style 323 (white) is \$1.70 each or 3 for \$4.90. Styles 323G (grey) and 323N (tan) are \$2.20 each. Small, medium and large sizes. Give chest measurement. We pay carrying charge in the U.S.A. when full amount is sent with order.

ANGELICA JACKET CO.

Since 1878

NEW YORK
104 W. 48th St.
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ST. LOUIS
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CHICAGO
175 N. Michigan Blvd.
Dept. LE

Beware of Fraudulent Salesmen!

Don't pay deposits to anyone representing himself as a salesman or agent for Angelica Jacket Co. We have no salesmen authorized to collect money. If you pay anyone a deposit, you do so at your own risk.

31

It isn't
too soon
to start



IT IS never too soon to begin educating the child as to the proper care of the teeth. The correct method of brushing the teeth and the use of the right dentifrice can become a habit that will serve the child well throughout life.

The scientifically correct method for cleaning the teeth and promoting mouth health is by detoxification with

DETOXOL PASTE DETOXOL LIQUID

Detoxification acts on the bacteria of the mouth and their toxins so as to render them harmless.

Detoxol Paste does all that the best toothpaste should do toward mechanically cleaning the teeth, but in addition it detoxifies the mouth.

SPECIAL OFFER

So that you can submit Detoxol Paste to a thorough test in your practice, we will be glad to send 12 full size tubes with our compliments, upon request.

THE WM. S. MERRELL COMPANY
CINCINNATI, U. S. A.

"STANDARD EQUIPMENT"

made by
HARVARD
For More Than Forty Years

Exclusive Features

*Child's Seat
Self-Adjusting
Back Cushions*



"HIGHEST STANDARD" in *efficiency-Durability-Beauty*

The New Improved "Standard" Peerless Harvard Chair

During the forty years of building "Standard" Dental Chairs, Harvard has always been foremost in meeting the needs of the profession and Harvard leadership has again been demonstrated in the further development of various new features designed to make the new Peerless of still greater value.

Mahogany or Black Chromium Plated
Price: Zone 1, \$300; Zone 2, \$325

Harvard Dental Cabinets have always kept pace with the progress of the profession. Sanitation is rightly receiving much attention, and this point has had special consideration in both the design and manufacture of Harvard Cabinets. To that end all Harvard Cabinets are made dust-proof in construction without any extra charge. Instrument drawers and medicine compartments being glass lined. Made in many different styles.

Solid Mahogany
Harvard Cabinet Model No. 35-C
Price: Zone 1, \$205; Zone 2, \$225

**Buy for Efficiency and Quality
Buy "Harvard"**

The name "Harvard" assures the purchaser it is the "best"

The HARVARD COMPANY
Canton, Ohio

I am interested in receiving free literature.

Dr.....

Address.....





Why the Germicidal Dentifrice Was Originated

MECHANICAL cleansing agents for the teeth had been in use a number of years before Prof. Miller in 1881 gave the first scientific explanation of the relation of oral bacteria to tooth decay. Miller's investigations demonstrated that mouth bacteria, by means of acid produced from fermenting food particles on and between the teeth, attack the teeth causing tooth decay. This attack is particularly successful when resistance of the teeth is lowered by improper diet, disease or other underlying causes.

Recognizing the significance of Miller's work in the advancement of oral hygiene, Dr. N. S. Jenkins, an American dentist practicing in Europe, began his study to develop an agent that would not only cleanse the teeth but would destroy the bacteria that inhabited the mouth. Dr. Jenkins, working in cooperation with Prof. Miller, continued his experiments until 1908 when the final results of his efforts were confirmed by one of the leading research laboratories in the United States.

In announcing the KOLYNOS Dental Cream formula, which was the result of his investigation, before the annual meeting of the American Dental Society of Europe, Dr. Jenkins said:

"The problem of cleaning the teeth was comparatively simple; the two indispensable ingredients are precipitated chalk and a refined soap. I will not weary you by recounting the long process by which I came to the final selection of the disinfectants.

"You will observe that each of these ingredients, except chalk, has a distinct antiseptic or disinfectant value, but it was in their combination that I found disinfectant power such as I had hoped for, but until my experiments were ended, had scarcely dared to anticipate. This preparation (KOLYNOS) will cleanse and polish the surfaces of the teeth without the least danger of abrasion. It will overcome the defenses of bacteria and destroy the germs. It will produce a condition of true cleanliness in the entire mouth."

Therefore, one of the chief purposes of KOLYNOS Dental Cream, through its daily use by the patient, is to keep the activities of the oral bacteria in check between visits to the dentist.

*May we send you a professional package?
The coupon below is for your convenience.*

THE KOLYNOS COMPANY 288
New Haven, Connecticut

Kindly send me a professional package of Kolynos Dental Cream.

Name _____

Street Address _____

City _____

THINK
OF
IT /

Less than 3
out of every

100

Improved ITECO
dentures fracture

[This fact is established
by thousands of replies
received from laboratories
and dentists in the U. S.]

DENTURE breakage was once
the bane of laboratory technician,
dentist and patient.

It inconvenienced everyone.

Now...Improved ITECO has a
lower fracture ratio because of its
increased strength.

Think of it! A condensite denture
material showing less than three
fractures per 100 dentures, as
proven by a survey of the national
dental field.

All laboratories are familiar with
ITECO technique and invite your
patronage.

Have your next denture con-
structed in Improved ITECO.

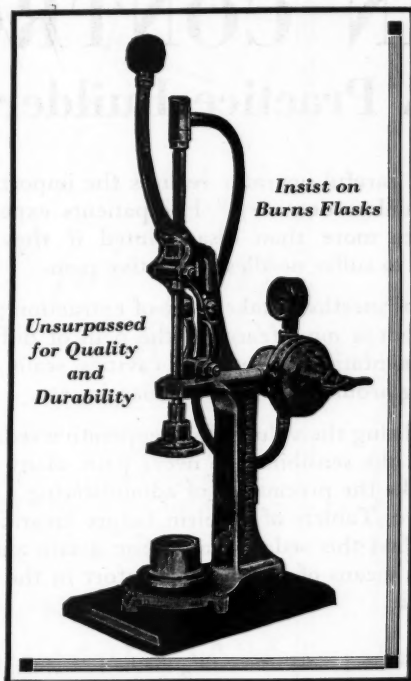
THE *Iteco* COMPANY

E. HOYT AT 22ND STREET

PORTLAND, OREGON

24 N. WABASH AVE., CHICAGO, ILL.

All Laboratories Make ITECO Dentures
All Dealers Carry Improved ITECO



***Insist on
Burns Flasks***

***Unsurpassed
for Quality
and
Durability***

The Choice of the Majority

The dentist who chooses the BURNS CASTING MACHINE for use in his practice is making a wise selection. He is choosing the best because he knows that the results he is going to obtain from this casting machine will be satisfactory in every way.

The choice of the majority is proof of the BURNS CASTING MACHINE popularity. Try it in your practice as soon as possible and you will learn just why the BURNS is preferred to all others.

Send coupon for literature describing our casting machine in full detail.

BURNS DENTAL CASTING MACHINE CO., Inc., 88 State Street Flushing, New York

Please send me full information on items checked below:

- ☐ BURNS FLASK HEATER
☐ BURNS PERSONAL MODEL CASTING MACHINE
☐ BURNS LABORATORY FAVORITE CASTING MACHINE

Dr.....

Address.....

PAIN CONTROL

A Practice Builder

The careful operator realizes the importance of "painless dentistry." His patients expect it and are more than disappointed if they are forced to suffer needless operative pain.

Local anesthesia takes care of extraction pain, but what is most feared is the pain of difficult instrumentation on sensitive cavities, scalings or burring around the gingival margin, etc.

Realizing the value of a preoperative sedative to dull the sensibility to nerve pain, many dentists take the precaution of administering a dose of Bayer-Tablets of Aspirin before treatments. They find this sedative analgesic a safe and effective means of providing comfort in the dental chair.

NOTE: A new and most interesting method of obtaining the full analgesic effect of Aspirin is described in The Dental Cosmos, July, 1931, page 674. The author applies it locally to the part and finds it of great obtundent value, particularly in the treatment of periodontal disease.

Professional samples of Bayer-Tablets of Aspirin are mailed regularly to dentists. If you wish to avail yourself of this service, drop us a card and we will be glad to add your name to our list.


BAYER ASPIRIN

170 VARICK STREET, NEW YORK

*Aspirin is the trade mark of Bayer Manufacture
of Monoaceticacidester of Salicylic acid



Send for your
FREE *copy!*

"Ultraviolet Oral Therapy" is the title of the latest Hanovia booklet—it's yours for the asking. Here briefly, is knowledge every modern dentist wants about the value of quartz light therapy in the practice of his profession.

The New KROMAYER ORAL THERAPY LAMP

is a small, convenient, portable unit. It is easily moved about—plugs into any light socket and its universal angle burner makes its use with applicators an exceptionally effective and intense source of Ultraviolet Rays.



HANOVIA Lamps for Light Therapy

Divisional Branch Offices:

CHICAGO, ILL., 30 N. Michigan Ave.

NEW YORK, N. Y., 30 Church St.

SAN FRANCISCO, CAL., 220 Phelan Bldg.

 HANOVIA CHEMICAL & MANUFACTURING CO., Dept. 2412, Newark, N. J.

Please send me the new booklet, "Ultraviolet Oral Therapy."

Dr. _____

Street _____

City _____ State _____

FORHAN'S *and* PYORRHEA

No toothpaste can cure pyorrhea. Forhan's advertising makes this perfectly clear. But pyorrhea can be prevented by proper oral hygiene and by regular twice-yearly visits to the dentist.

Steadily and powerfully Forhan's advertising focuses public attention upon the vital importance of taking these steps before the trouble starts.

No finer toothpaste is made than Forhan's—it meets the most rigid specifications of the profession. More and more dentists prefer it to all others. Forhan Company, Inc., New York. Forhan's, Ltd., Montreal.

Forhan's

THE DENTISTS' TOOTHPASTE



Forhan's Pyorrhea Astringent is a recognized healing adjunct in the successful treatment of pyorrhetic conditions. Its sale is restricted solely to dentists.

FOR A DRY OPERATIVE FIELD

• Your best assistants

COTTON ROLLS are the best substitute for the rubber dam—and far more convenient. Over 85 per cent of the dental profession use cotton rolls and attest to the satisfaction they give. We have prepared a book illustrating many ways in which they will be helpful to you. Send for it, with free samples of Cotton Rolls.

ABSORBENT PLEDGETS—for wiping out cavities. Of long fibre cotton with a slight sizing so that they are free from fuzz, yet soft and pliable. Ideal for deep cavities, pulp chambers, or approximal cavities.

All Johnson & Johnson dental products are manufactured under strict conditions of surgical cleanliness.

Send for free samples of Cotton Rolls and Pledgets. Use the coupon.

Johnson & Johnson
New Brunswick, N.J., U.S.A.

JOHNSON & JOHNSON, New Brunswick, N. J.

Send me samples of ☐ Cotton Rolls and the Cotton Roll book ☐ Absorbent Pledgets

Dr. _____ Address _____



The Py-Ro-Don brush, sponsored by leading dentists and clinics since 1923.

Retail 50c



Py-Ro-Don, the ultimate preparation for the care of the teeth and mouth.

Retail 75c

Seems reasonable, doesn't it, to expect superior products from the establishment which created and introduced this type of brush and ant-acid mouth preparation? Anyhow, Py-Ro-Don users are satisfied they get this superiority of quality, also better value.

DENTISTS wishing verification, will receive a full size bottle of Py-Ro-Don, by forwarding 25c to cover approximate cost of packing and shipping. This offer is for a limited period only.

Py-Ro-Don Corporation

CAUVIGNY BRUSH COMPANY

34 Union Square East

Distributor

New York, N. Y.

Controlled Tests on 102 Individuals prove

LISTERINE

aids in preventing colds and sore throat

LISTERINE Antiseptic is a quick-acting germicide and when used as a mouth wash and throat gargle it is very effective in preventing colds.

A series of carefully controlled tests have been made which show conclusively the value of Listerine as an aid in preventing colds and sore throat.

One hundred and two individuals working under varying conditions were placed on experiment for ten weeks extending from November 15th to February 1st. One-third of this group acted as controls, one-third gargled with 25 cc. of Listerine Antiseptic for 30 seconds twice a day and the other third gargled five times a day.

As a result of these tests, it is shown that the controls had 33 cold infections with a total duration of 161 days, 33 of which were lost time. This is in marked contrast with the twice-daily gargling group which shows 17 colds with a total duration of 56 days, 5 of which were lost time. In the five-times-daily gargling group there were ten colds with a total duration of 36 days, 8 of which were lost time.

As a result of this experiment covering a period of ten weeks the controls show:

Frequency of colds 2 times that of "twice-daily" group,
Duration of colds 3 times that of "twice-daily" group,
Severity of colds 4 times that of "twice-daily" group,

The controls also show:

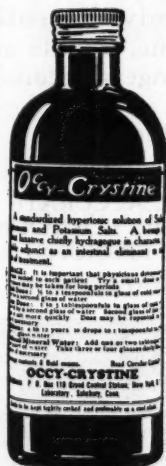
Frequency of colds 3 times that of "five-time" group,
Duration of colds 4 times that of "five-time" group,
Severity of colds 4 times that of "five-time" group.

This experiment proves conclusively the value of Listerine Antiseptic as an aid in preventing colds and sore throat.

LAMBERT PHARMACAL COMPANY
St. Louis, Missouri

The Saturated Sulphur Bearing Saline Laxative

Therapeutically Correct
OCCY-CRYSTINE



The Dental Surgeon is a Dental physician, and practices physiological as well as physical therapy. In his entire armamentarium there are no agencies which duplicate the efficiency and the importance of *OCCY-CRYSTINE*. Through the adequate elimination accomplished, local oral tissue immunity is improved, and reparative processes hastened.

*Liberal clinical trial supply.
Postage prepaid on request.*

OCCY-CRYSTINE INCORPORATED

Laboratory—Salisbury, Conn.

OCCY-CRYSTINE CORPORATION
Salisbury, Conn.

O.H.

Please send clinical trial supply of OCCY-CRYSTINE to

Name.....

Address.....

SILV-R-TIP ARTICULATING PAPER DISPENSER



**THE ROLL
IS THE REASON**

You obtain a non-drying, clear-marking, sensitive and clean articulating paper in this up-to-date and handy dispenser. Saves time, trouble and soiled fingers. Economical too!

PRICE \$2.00

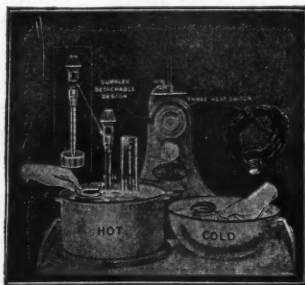
MIZZY COMPOUND



**MAKES
CLEAR SHARP
IMPRESSIONS
AND ASSISTS YOU TO
MAKE BETTER FITTING
DENTURES**

**MOST ACCURATE
MODELING COMPOUND
IMPRESSIONS**

MADE BY



**SUPPLEE
COMPOUND OUTFIT
"THE SCIENTIFIC WAY"
WRITE FOR LEAFLET**



SOLD AT ALL DENTAL DEPOTS

MIZZY, Inc., 105-107 East 16th Street, New York

THE STRONGHOLD OF DENTISTRY IS FLECK'S CEMENT

For 26 years I have been using Fleck's Cement and am still continuing to use it. I consider it a superior product.
—Dr. A. J. Thompson, Kansas City, Mo.

FOR WELL NIGH

29 YEARS

●
**FLECK'S
CEMENT**

●
HAS HELD ITS OWN
IN MILLIONS OF
MOUTHS



**FLECK'S
RED COPPER
CEMENT**

Saves Deciduous Teeth

SOLD AT ALL DENTAL DEPOTS

MIZZY, Inc., 105-107 East 16th Street, New York



ORASORB

DR. GAVIN R. MALLETT
DENTIST
SEASIDE BLVD.
WALDENBURG - COLORADO
August 5th, 1931.

Surgident, Ltd.,
666 N. Robertson Blvd.,
W. Hollywood, Calif.

Gentlemen:

I purchased one of your ORASORB outfits, complete, at the National meeting in July, 1930, at Denver, and have used The Oredrains on an average of once daily ever since.

It gives me pleasure to report that the outfit has given me entire satisfaction and I now feel that I wouldn't be without it.

In the more than 12 months that I have been using it, I find that I am not half way through my third refill, which means that my actual ORASORB expense has been less than \$5.00 for the year.

My experience with it has proven that the product will do everything that you claim for it. It is a great time saver, low priced in use, and a great help in the practise of better dentistry.

Yours very truly,

Gavin R. Mallett

DENTASORB



THE NEW QUANTITY PACKAGE

3 Refills at a
SAVING to You

3 Standard Orasorb \$2
refills..\$6. Quantity Package Price **\$5.00**

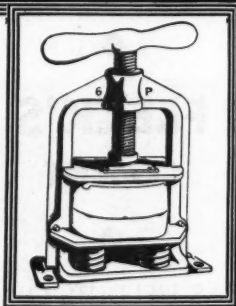
3 Standard Dentasorb
\$1.50 refills \$4.50.
Quantity Pack- \$3.75
age Price **3**

SURGIDENT, Ltd.
666 N. Robertson Blvd.
West Hollywood, Calif.

ARE YOU INTERESTED

... in producing better dentures for your patients? Of course you are and we wish to make a suggestion which we think will be beneficial to you.

We suggest that you use the Torit Flask Press No. 6-P for the best possible denture work. It is ideal for any dentist's use and it will prove to be a great help in producing better dentures. The Torit Flask Press No. 6-P is built to withstand hard, continuous work.



SEND COUPON FOR FULL INFORMATION TODAY

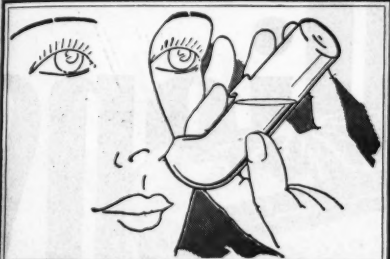
TORIT MANUFACTURING CO., 179 W. Third St., St. Paul, Minn.

Please send full information about the Torit Flask Press No. 6-P, and also your other products.

Dr. _____

Address _____

Dealer _____



THE one who said, "Consistency, thou art a Jewel," must have had in mind how meticulous people are about oral hygiene and rarely if ever, give that "Port of Entry" for disease germs, the nose, an internal bath.

Normally functioning, the nose acts somewhat as a filter for the dust and germ burdened air of modern life; but when occluded with mucus deposit, it probably serves as a culture tube for germ propagation.

ALKALOL does not kill germs or tissue, but has decided pus and mucus solvent properties, with an added blandness that leaves delicate membrane cleansed, soothed and better able to resist germ invasion.

Equally efficacious in clearing the eyes of an infant after silver treatment, or in dealing with irritated or inflamed membrane of the adult body.

Try it in your own eyes or nose

The
ALKALOL
CO.

TAUNTON,
MASS.

-----Mail the Coupon-----
ALKALOL COMPANY,
Taunton, Mass.

Gentlemen: Please send sample of ALKALOL.

Dr.

Address

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used by radiographers throughout the world

VICTOR-BOLIN FILMS

A size and speed for every need

Regular	Twin Semi-Rigid Nitrate Single Semi-Rigid Safety Twin Flexible Nitrate
Intermediate	Twin Nitrate Single Safety
Lightning	Twin Nitrate Single Safety
Junior	Twin Nitrate (half size) Single Safety (half size)
Occlusal	Twin Safety $2\frac{1}{4}$ " x 3" Single Safety $2\frac{1}{4}$ " x 3"

SUPPLY DEPARTMENT OF

GENERAL  ELECTRIC
X-RAY CORPORATION

2012 Jackson Boulevard

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FORMERLY VICTOR  X-RAY CORPORATION

Join us in the General Electric hour, broadcast every Sunday afternoon over a nationwide N. B. C. network.

HAVE YOU THE IVORY

Self Retaining Cotton
Roll Holders



Made right and left, any size roll may be used. The jaws clasp the rolls firmly between the arms while adjusting crowns, bridges, etc., are quickly removed to get proper occlusion. To use on lower jaws the handle is swung back under chin and so made *Self Retaining*. When held by patient this form of handle is convenient as hand is out of way and Holder is not liable to be tilted out of place.

All Dealers

J. W. IVORY

Manufacturer

Philadelphia, Pa., U. S. A.



J & J COTTON FONT AND WASTE RECEIVER

*Two assistants that should
be on your bracket table.*

The Cotton Font provides Dentoform Cotton, the finest quality for making pellets. It comes to you sealed, the new package being loaded into the glass dispensing base.

The Waste Receiver consists of glass base and cardboard carton fillers. No need to risk infection by using same carton again—for, *even if the reverse end is used the soiled end infects the bracket table*. Provide each patient with a clean waste receptacle. Send coupon for free supply.

All Johnson & Johnson dental products are manufactured under strict conditions of surgical cleanliness.

Johnson & Johnson
NEW BRUNSWICK NEW JERSEY



JOHNSON & JOHNSON,
New Brunswick, N. J.

14

Send me free supply of J & J Waste Cartons

Dr.

Address

A MODERN LABORATORY COSTS NO MORE!



Combination Workbench and
Grinding Dust Collector

Laboratory Equipment . . .

that will modernize your
methods of work leading to
more and better output.

STYLES and SIZES for all
LABORATORIES

LEIMAN BROS. PLASTER BENCHES

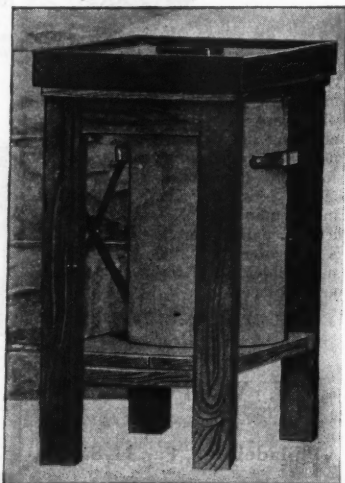
Casting Benches . . . Furnace
and Gas Stove Benches . . .
Vulcanizing Benches . . .
Boiling out Benches . . .
Technician Benches . . . Pol-
ishing and Grinding Dust
Collectors.

CORRECTLY DESIGNED
STRONGLY BUILT
BEAUTIFULLY FINISHED

Leiman Bros., Inc.

155-RD Christie St., Newark, N. J.
N. Y. Corp. 23-RD Walker St.

MAKERS OF GOOD MACHINERY
FOR 40 YEARS



Patients look to You for the Right home treatment



Teach them this modern method of maintaining and promoting oral health

QUESTIONS from your patients concerning the general care of their teeth are common. The problem of special home care for periodontal patients is constantly arising.

Whether the subject be one of a general nature or of special importance, your patients expect an authoritative answer to their questions . . . and your own success, of course, depends upon the efficacy of the treatment you specify.

Errors may be avoided . . . success made more certain when you recommend the method that has proved its value in some of our leading university clinics and in the practices of hundreds of dentists.

It is called the *Calsodent Method*.

Briefly, the Calsodent Method detects and neutralizes mouth acidity; effects the removal of infected mucin; promotes a healthy salivary flow; successfully stimulates blood flow in the gums.

Special emphasis is placed on the need for promotion of the natural health of the gums by their thorough massage. The Calsodent scientific gum massage gives complete exercise without danger of injury to sensitive gum tissues.

For successful use . . . your patients should have the benefit of your instruction. Such instruction takes little time . . . insures permanent results. It may easily be given as a part of regular appointments.

Kindly have your assistant fill out and mail the coupon below.



CALSDENT COMPANY, Inc.
315 Fifth Ave., New York, N. Y.

Please send me, without obligation on my part, a sample container of Calsodent and your explanatory booklets.

Name _____ D.D.S.

Address _____

City _____ State _____

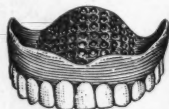
Have you sent your dollar for the special \$2.10 assortment of
CRATEX WHEELS & POINTS?

They cut faster, polish better, last longer. » » » Try them today.

Send order to CRATEX MFG. CO., 83 Natoma Street, San Francisco

For Successful Plates Use

Leech Grip Vacuum Chamber Metal



Full Uppers

The scientific Palatine relief for full uppers and flat lowers. Send \$1 and dealer's name. Enough for 4 cases will be sent post paid. Address Dr. J. M. Forrest, 3287 Mission St., San Francisco, Cal.



Flat Lower



The Improved Ideal Emery Cloth Arbor

THE CROCKER-FELS CO.

P. O. Box 838

Cincinnati, Ohio

Manufacturer

DENTAL SPECIALTIES



Gritto Arbor Bands

Plaster Bins Lathe Splashers

Gold Rolling Mills

Your patients have no dread of the dental chair when you use

DICKS'

NOVOTHESIA

This powerful antiseptic solution, pleasantly flavored, contains a non-toxic local anesthesia, producing both desensitization and sterilization of the surface when placed on mucous membrane or denuded or lacerated tissue.

The use of Dicks' Novothesia quickly eliminates your patient's dread of the dentist's chair."

Especially intended for 8 major purposes

- | | |
|--|--------------------------------|
| 1. For Pulpitis | 5. In Extractions |
| 2. Pyorrhea Alveolaris | 6. Before Inserting Needle |
| 3. For Plaster Impressions | 7. In Removing Deciduous Teeth |
| 4. To Desensitize Hypersensitive Dentine | 8. In Treating Abscesses |

**Ask
For
Free
Trial
Bottle**

F. A. Dicks & Co., 433 Bourbon Street, New Orleans, U.S.A.

POWDER—

Cleans Teeth Best

Safety

Every dentist knows that for satisfactory cleansing action in dental prophylaxis he must use powder. Powder is the accepted polishing agent because it is not only effective but safe.

As the essential active cleaning and polishing agent of any dentifrice is powder—why not use and recommend a dentifrice that is all powder—100% cleansing properties. DR. LYON'S TOOTH POWDER has remained the standard for over sixty years and is composed of nothing but the finest imported English Chalk, powdered Florentine Orris Root, Castile Soap and the necessary flavoring oils.

Practically every form of dentifrice depends on powder for its cleansing action. In tooth pastes and creams, powder is combined with glycerine and other binding agents. There is nothing in DR. LYON'S TOOTH POWDER to lessen the efficiency of the powder, to soften the gum tissues or provide a culture-media for bacteria.

The sole function of DR. LYON'S TOOTH POWDER is to CLEAN and POLISH the teeth. We make no other claims for it because we believe that the highest function a dentifrice can perform is to keep the teeth clean and polished in the most efficient, practical way.

Samples for your personal use and to distribute to your patients now available. Mail coupon today.



DR. LYON'S Tooth Powder

THE R. L. WATKINS COMPANY 31-L-9
1276 W. Third Street, Cleveland, Ohio

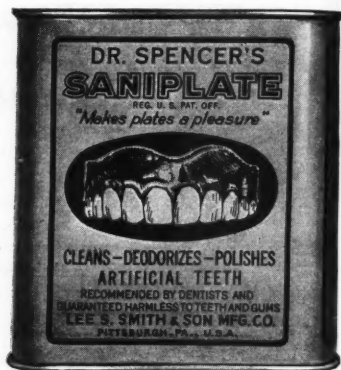
Please send free samples of Dr. Lyon's Tooth Powder.

Dr. _____

Address _____

Please enclose card or letterhead

About Ourselves And →



IT is almost too early to brag, but Saniplate seems to be meeting with an enthusiastic response from the profession.

The dentist has an obligation to follow up his work and do everything he can to make it give satisfaction.

Just because a denture is completed and seems to be satisfactory, he cannot dismiss the case from his mind. He must show his patient how to use these new teeth. Many cases have been condemned because the wearer did not know how to handle them.

Above all the patient should be told how to keep his dentures in a clean and sanitary condition. Call it halitosis or denture breath or what you will, there is no doubt that it is harder to avoid an offensive odor when dentures are worn than when the natural teeth are still in place. There is probably not a dentist who does not have his

We will send you a box containing ten liberal samples to give your patients if you will send the coupon on the next page to us.

One of a series of advertisements devoted to Lee Smith Products.

own favorite tale to tell of a neglected denture and the condition in which it was.

Saniplate has many advantages over any other method of keeping dentures clean. It is hard to scrub a denture using the ordinary paste or powder which is marketed for this purpose. It is practically impossible to clean the interproximal spaces properly, and it is impossible to reach the pores of the rubber itself.

Saniplate is used as a solution which penetrates wherever the mouth fluids have reached. It efficiently cleanses where it is impossible for a brush to have any effect.

The flavor used in a paste or a powder clings to the denture until it becomes objectionable. Saniplate is not flavored, but has a clean salty taste which disappears almost immediately.

Saniplate cannot have any abrasive action which would eventually spoil the finish on the denture, making it even more difficult to keep in proper condition.

Just dissolve half a teaspoonful in a glass of tepid water and allow the plate to remain in it for 10 or 15 minutes or longer. Rinse the denture and it is clean.

Lots of dentists have already sent in for dispensing samples. We want to send you a supply to give to your patients. They will thank you for your recommendation and we will have another satisfied user of our product.

Send
for
free
samples →

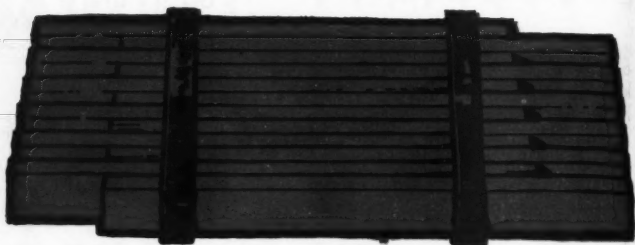
LEE S. SMITH & SON MFG. CO.
7325 Penn Ave., Pittsburgh, Penna.

Please send me the box of FREE Saniplate Samples to give to my patients.

Dr.

Address.

Druggist.



THE NEW EXTENSION PLANK

EXTENSION PLANKS are of no use in dentistry, but the principle behind them is important to all users of facings.

The extension plank, you will observe, consists of several boards laid *edgewise*. They are so bound together as to permit extending every other board beyond its neighbor, thus considerably lengthening the platform.

Note that the individual boards are placed *edgewise*—to carry loads placed upon them without bending or breaking.

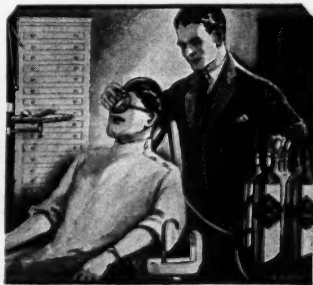
The same principle that makes these edgewise boards safer for workmen to use as a platform makes Flat-Pin Facings safer for you to use in bridgework. *They won't bend edgewise!*

Since the only loads to which facing pins are subjected are vertical, you can see how ideal flat pins are. They can have sufficient diameter vertically to withstand all incisal stresses, yet may be kept thin mesio-distally, permitting a strong, solid body of porcelain across the pin-line of the facing—where round-pin facings are weakest, due to the displacement of porcelain by the round pins.

We make both round-pin and flat-pin facings. We recommend Flat-Pin Facings because we know they are better and stronger. And they cost less! There's every reason why you should use

FLAT PIN FACINGS

THE DENTISTS' SUPPLY COMPANY
New York



IF YOU WERE "TAKING IT" INSTEAD OF GIVING IT---YOU'D INSIST ON OHIO GAS

If the situation were reversed, what anesthetic would you choose? The patient, of course, knows nothing of the relative merits of the several makes of anesthetics. But you do.

You've read how carefully "Ohio" Gases are manufactured. You've learned the amount of research that is done in Ohio Laboratories. You are

conversant with the steady progress that is being made in gas improvement --- on and on relentlessly, year after year.

At Last...

OHIO CELLOPHANE SURGICAL DRESSING

Here's a transparent material with a myriad of dental uses:

- Packing suction plates
- For isolating sound teeth from those being filled.
- For vulcanizing rubber plates.
- As a separating medium.
- Wrapping instruments after sterilization.

Further, this cellophane is transparent and enables you to see your work. It comes in rolls, 9 inches wide by 12 feet long. [Plain] \$1.50.

Send for a roll, utilizing the coupon below and enclosing your check in payment.

So, naturally you'd choose "Ohio" Nitrous Oxid for your anesthetic, if it were to be administered to you. So would we.

(That's the way we make "Ohio" Gases --- just as though we were to "take" each cylinder ourselves.)

THE OHIO CHEMICAL & MANUFACTURING CO., Cleveland, Ohio

"Pioneers and Specialists in Anesthetics"

BRANCHES IN ALL PRINCIPAL CITIES



OXYGEN
NITROUS OXID
ETHYL CHLORIDE
CO₂-OXYGEN
MIXTURES
OHIO CELLOPHANE
SURGICAL DRESSING

The Ohio Chemical & Mfg. Co.
1177 Marquette St., N. E., Cleveland, O.

OH-121

Gentlemen:

Please send me _____ rolls of Ohio Cellophane Surgical Dressing for Dental use, at \$1.50 per roll. Enclosed find my check for \$ _____ with the understanding that this amount will be refunded if I return the unused portion with a letter of criticism or suggestion.

☐ Please send me complete information on Ohio Anesthetic Gases.

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Address _____

The CUTWELL
3-Gross Cabinet
Assortment



Economical

- because of *quantity*
- because of *convenience*
- because of *quality*

If there were no other economy in the purchase of a Cutwell 3-Gross Cabinet Assortment than the saving effected by quantity rates, that alone would be well worth while. But with this assortment even more important economies are realized daily in the time-saving convenience of ready accessibility, the avoidance of deterioration and waste, and the ease of maintaining a well-balanced stock. And most important of all is the *operating economy* inherent in the true-running, fast-cutting, edge-holding qualities of the burs themselves—qualities that enable you to do faster and more accurate work, with less discomfort to your patient . . . Both thrift and efficiency are served by your purchase of the Cutwell 3-Gross Assortment.

*Complete with bakelite bur holder
or 1-gross mahogany bakelite turret case - - - - - \$30.00*

The Ransom &
TOLEDO

A CASTONE Model means an *Accurate* Denture

All the skill and care you put into producing an accurate model can be set at naught by its failure to stand up under the pressure and heat of the vulcanizer. Eliminate that risk by using CASTONE—the new-day model and flasking material that sets with

the *speed* of plaster—
the *strength* of stone!

CASTONE sets in 15 minutes into a dense, hard cast, with a marble-like surface. It does not disintegrate in vulcanizing or curing, nor show any appreciable dimensional change . . . It assures *accuracy*—saves make-overs . . . And remember, it's



the original
quick-setting stone

Reduced in Price, Too!

Medium can—5 lbs.	\$ 1.25
Large can—15 lbs.	3.00
Drum—100 lbs.	13.00

f. o. b. Toledo, Ohio

Randolph Co.
— OHIO



Doctor—Request your office assistant to write for this **FREE** book on **Silv-O-Dent Technique** . . . It tells where and how to use **Silv-O-Dent**, the non-caustic **Oxy-Eugenol Silver**.



**THE
SILV-O-DENT
COMPANY**

17th and Alberta Sts.
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FOR CHRISTMAS MONEY



Convert your scrap gold into cash.

Send it to **GOLDSMITHS!**
Our prompt check will cover full value.

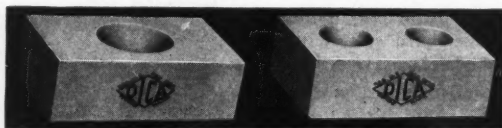
Full allowance for platinum and palladium contents.

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Smelting & Refining Co.
29 East Madison St.
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NO LOSS OF GOLD

QUICK MELTS «» CLEAN BUTTONS



TOP

BOTTOM

The **DICA Melting Block** prevents the loss of gold which occurs when a charcoal block burns and cracks.

DICA Blocks do not burn or crack.

When you use a **DICA Block** you automatically solve a dental laboratory problem and eliminate a hazard.

Laboratories and dentists who have adopted **DICA Blocks** report a considerable saving, because there is no loss of precious metal. And, too, the block lasts much longer than the charcoal block.

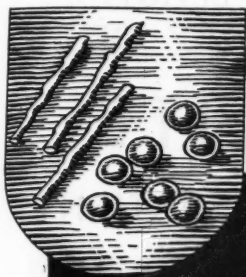
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BINNEY and SMITH CO.

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NEW YORK CITY

CHEWING-PILLS AND HONEY STICKS HAVE GIVEN WAY TO A MODERN DENTIFRICE



In the eighteenth century, when dentistry was crude and oral hygiene equally so, chewing-pills and honey sticks sufficed for cleaning the teeth. Liquid soaps, chalks, astringents and gritty toothpastes also have had their day. Built on the experience of the past and embodying the newer principles of oral hygiene—Squibb Dental Cream is the choice of modern dentists.

Squibb Dental Cream is a modern dentifrice—free from harsh, gritty abrasives and other injurious substances. It cleans thoroughly, and goes as far in the safe and effective care of the teeth as a dentifrice can go. Squibb's contains over 50% Squibb Milk of Magnesia—a product used for over 25 years by the Dental Profession in the care of the teeth.

If you send your professional card, we shall be pleased to forward you a complimentary package of Squibb Dental Cream for your own use. Address your request to Dental Department, E. R. Squibb & Sons, 745 Fifth Avenue, New York City.



SQUIBB DENTAL CREAM



A MODERN DENTIFRICE FOR MODERN DENTISTRY

THE NATURAL BEAUTY
AND TRANSLUCENCY OF

HECOLITE

APPEALS TO ALL PATIENTS

YOUR patients, men or women, young or old, desire above all else, natural appearing dentures. They are sensitive about having others know they are wearing "false teeth."

Hecolite appeals, at first sight, to your patients because of its natural, life-like appearance and translucency. And Hecolite retains this natural appearance indefinitely, because it is permanently stable in color and texture.

Besides its natural beauty, Hecolite also possesses other qualities your patients will be quick to appreciate. It is odorless and tasteless, and does not irritate the tender mouth tissues. It is the most compatible material, next to gold or platinum you can use for sensitive mouths.

YOU DON'T EXPERIMENT

From your own standpoint, Hecolite has many advantages. It is suitable for partial, as well as for full, dentures. It adheres readily to all metals. It is impervious to acid or alkaline saliva. It does not shrink, but brings out accurately every detail of the impression. It can be successfully repaired if fractured.



For further information, write the American Hecolite Denture Corporation, 94 East 6th Street, Portland, Oregon, or 41 Union Square West, New York City.

WHEN YOU USE HECOLITE

What Reply Could You Make to the patient who might ask —

“Doctor, why did you make me a denture that tastes like camphor when you could have made me one that would be tasteless?”

You can't say, "Because the denture I made you is more durable." There is no denture material more durable than *Tasteless AGALYN*—it is non-breakable.

You can't say, "Because the denture I made you is more impervious to mouth secretion." *Tasteless AGALYN* is non-porous—there is no other denture material more impervious to mouth secretion.

You can't say, "Because the denture I made you is lighter and more comfortable in the mouth." There is no denture material lighter and more comfortable in the mouth than *Tasteless AGALYN*.

You can't say, "Because the denture I made you is more translucent and has a more natural color." There is no denture material more translucent than *Tasteless AGALYN* and with a color more natural.

You can't say, "Because the denture I made you is more economical." *Tasteless AGALYN* is the most economical denture material ever developed—bar none—because of its simplified technique.

And you wouldn't want to say, "I didn't know about *Tasteless AGALYN*."

Folks who wear dentures have a lot in common. Don't wait until your patients learn from their friends about —

Agalyn

**THE
TASTELESS
DENTURE MATERIAL**

Fill in and mail the coupon right now.

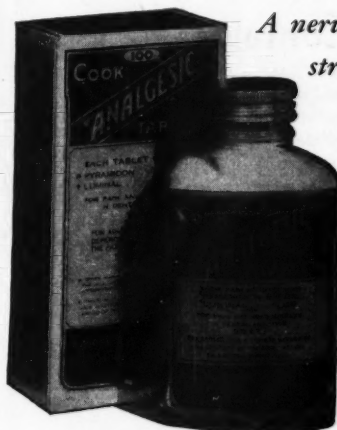
THE AGALYN CORPORATION, 1218 Grandview Ave., Pittsburgh, Pa.

I want to know about *Tasteless AGALYN*—send me literature.

Name.....

Address.....

PRE-OPERATIVE CARE



A nervous patient is a constant strain on the operator . . .

One or two of *Cook Analgesic Tablets*, given half an hour before any dental procedure, assures a tractable and quiet patient.

COOK ANALGESIC TABLETS are sold through the dental supply houses only and exclusively to the dental profession. Further particulars on request.

Made Only By

COOK LABORATORIES, Inc.
170 Varick Street, New York, N. Y.

Carpule
TRADEMARK REG. U. S. AND FOREIGN COUNTRIES
BRAND

CARTRIDGES · SYRINGES
NEEDLES · · · OUTFITS

TOPANOL not only sterilizes the mucous membrane prior to the insertion of the hypodermic needle, but also anesthetizes the tissues. Thus it eliminates the pain of the needle prick, dreaded by so many patients. TOPANOL finds many other uses in the dental practice where true Painless Operative Dentistry is the aim. Further particulars on request.

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LOCAL ANESTHETIC
IN CARTRIDGES, AMPULES,
BOTTLES

REDUCTION OF PAIN IS A VITAL NECESSITY
ELEVATION OF PAIN IS A VITAL NECESSITY

You Know What Trent Will Do Because You Know Just What Trent Contains

TRENT is a combination of Sodium Perborate and Ortho-Iodo Benzoic Acid. Sodium Perborate in use liberates nascent oxygen to oxidize pus, destroy food particles in inaccessible mouth crevices and bleach discolored teeth.

Ortho-Iodo Benzoic Acid in use liberates non-staining, non-irritating and non-toxic organic iodine.

Two good, dependable preparations combine to form a still better and more dependable preparation . . . TRENT.

When you use TRENT or recommend TRENT to a patient for home use there is no doubt in your mind about the outcome.

TRENT is no mystery product.

You have been frankly and truthfully told what is in it, so you know exactly what it will do.

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More than 18,000 professional men have written for samples of TRENT to use in making clinical studies. If you have not secured your sample, sign and mail the coupon below.

TRENT LABORATORIES, 212 Central Avenue, West, Cleveland, Ohio.

Gentlemen: Please send me sample package of TRENT for clinical study.

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May we send you . . . **FREE**
of charge and obligation . . .
this new scientific device . . .
The DENTAL FLOSSER?

Use it personally. You will find it a more fastidious way to use Dental Floss. Also more thorough and effective, in preventing the source of most decay and bad breath.

Use it in office practice. Patients will be impressed by your adaptation of the most modern methods—with lack of personal contact.

Your Dental Flosser is packed ready for mailing. Simply send the coupon below.

DENTAL FLOSSER

Cartridge of 15 yds.
highest quality dental
floss contained in barrel.
Easily fed. Nothing me-
chanical to get out of
order. Retails at 50c.

Dental Flosser Company
11 West Prospect Ave.
Mt. Vernon, N. Y.

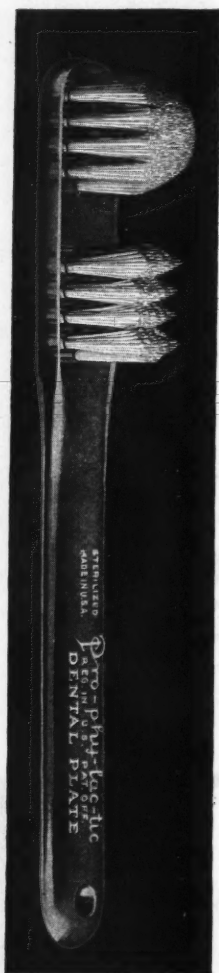
Kindly send me for personal use and without charge the new Dental Flosser.

Dr.

Street.....City.....State.....

My Druggist is.....

50¢ for a Happy Patient



Pro-phy-lac-tic PLATE BRUSH

Here is a sturdy, full-size brush for dentures, made by Pro-phy-lac-tic . . . tooth brush authorities for 42 years. Developed by and for the profession. We have been told, many times, that its use has changed a complaining plate case into a happy, satisfied patient. At all drug stores, 50¢.

Pro-phy-lac-tic Brush Company
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The Pro-phy-lac-tic HAND BRUSH is the Doctors' favorite . . . A lifetime investment for \$1.00.

No Wonder Dentists And Patients Are Enthusiastic Over VINCE

REG. U. S. PAT. OFF.

The Scientific Mouth-Wash

Because dentists know that Vince supplies Nascent Oxygen, alkaline in reaction—the most efficient and rapid germicide for oral sterilization. Because they have found Vince to be extremely effective in the treatment of Trench Mouth, Pyorrhea, Gingivitis and in pre-operative and post-operative treatment.

Patients too, like Vince for its pleasant taste and willingly cooperate in its effective use in mouth infections. Vince contains no irritating elements to attack the tenderest mouth.



SEND FOR PROFESSIONAL SAMPLE

VINCE LABORATORIES, INC., 308 W. 141ST STREET, NEW YORK, N. Y.

Please send me for clinical use, samples of powdered VINCE. 12-31

Dr. _____ Address _____



"Which Cement, Doctor?"

WHEN the dental salesman says, "Which cement shall I send, Doctor?" do you ever stop to think of the many tasks that dental cement will be called upon to perform? Today it may be used for the cementation of an inlay, tomorrow a bridge or a porcelain jacket crown and the next day for a cement base or a filling.

Because one bottle of dental cement may serve a score of different uses you should choose a universal cement. SMITH'S CEMENT



is the finest example of a universal cement because it is basically zinc oxyphosphate to which has been added $2\frac{1}{2}\%$ of copper silicate. It has all the fine working qualities of a zinc oxyphosphate cement and added to this is the germicidal effect of a copper cement.

SMITH'S CEMENT has the utmost in strength and adhesion, plus that valuable protective quality that makes it universal in its scope. Specify SMITH'S CEMENT on your next order.

For Sale at All Dealers

**LEE S. SMITH & SON
MANUFACTURING CO.**

7325 PENN AVE.

PITTSBURGH, PA.

R CAPSONITE

• THE COUNTER-IRRITANT SUPREME •

Sig.: Use as an antiseptic, germicide, counter-irritant and topical anesthetic. Indicated in pulpitis, pyorrhea alveolaris, post extraction pain, denture sores, as topical anesthetic and in cases of Vincent's infection.

Vincent's Disease

We are enthusiastic in recommending the use of **Capsonite** exclusively, in the treatment of Vincent's Infection.

We know **Capsonite** will be found to be unexcelled in the production of results when applied to the ulcerated areas several times a day.

We claim **Capsonite** is incomparable in the



Trade Mark
Patent Pending

treatment of Vincent's Disease for the following reasons:

1. **Capsonite** fixes bacteria and prevents their further ingress into the tissues.
2. **Capsonite** destroys bacteria and promotes healing.
3. **Capsonite**, through its counter-irritant properties, stimulates the circulation and dissipates congestion.
4. **Capsonite** will not blister the delicate mucous membranes of the oral cavity when applied.

Order from your dealer or direct from us

STEEL LABORATORIES, Inc., Standard Bank Bldg., Cleveland, Ohio.

Please send bottle of **Capsonite**. Charge \$1.50 through my dealer ☐
Enclosed please find \$1.50 ☐ Send C. O. D. ☐

Name.....

Address.....

Dealer.....
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Doctor, You're Wonderful!

PARFAIT will please the discriminating dentist and be the delight of the patient.

PARFAIT is reasonable in cost and well within the realm of the average patient's purse.

PARFAIT is a time-tested and much improved denture material—the result of intensive research on the part of technical engineers to fill the delinquency of past material.

Order your next case in PARFAIT

You will be thoroughly pleased and delighted to hear your patients say: Doctor, you're wonderful!

Parfait*

The denture of perfect beauty

*Registered U. S. Patent Office, No. 315950.

Beware of imitations

If you have not tried PARFAIT, send for our free sample offer.

The Parisien Chemical Company

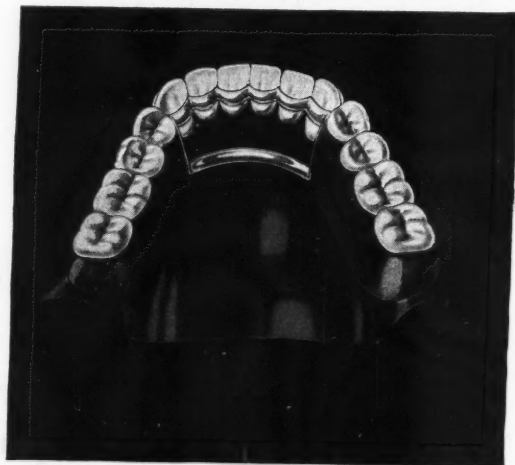
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Toledo, Ohio

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DENTURES

with Continuous Clasps

Constructed with continuous clasps, Berry Semi-Tissue Bearing Partial Dentures produce a higher degree of comfort and satisfaction for your patients. They retain all the desirable features of old style partials, and at the same time include new elements of strength and durability which help you in so marked a degree to attain and hold a successful practice.

Many difficulties previously encountered with partial restorations are overcome with the Berry Continuous Clasp construction. This type of restoration distributes the stress over the greatest possible number of teeth. It supports the teeth against lateral strain, retains balanced occlusion for a longer time and preserves the alveolar ridges. Although the teeth are asked to assume an added occlusal burden, even distribution of stress enables them to remain firm and healthy indefinitely.

Preparatory Technique

A perfect plaster impression, wax bite and modeling compound impression of the opposing teeth constitute all the data we need to design and construct a Berry Continuous Clasp Partial. If you wish a free Designed Berry Dentograph, showing proper position of clasps and rests, and estimate of cost, send a snap impression and bite.

The BERRY
Dental Laboratory Co.

409 North Eleventh Street

ST. LOUIS, MO.

ENAMODENT'S

*greater
density*

prevents discoloration

If you have become discouraged over your lack of success with filling porcelains, due to discoloration, (and who of you have not?) then you should use Enamodent Filling Porcelains.

Discoloration is due to the porosity of the filling material after it sets. Thus moisture penetrates, causing staining or discoloration, marring your efforts to secure beautiful, natural appearing restorations.

Enamodent's greater density prevents discoloration. This density is secured in the mixing process, and is the result of a colloidal silicate

incorporated in the liquid. This colloidal is catalytic in its action, permitting the highly fused Enamodent powder to be mixed to a perfect state of plasticity. On setting, it becomes extremely dense and compact. This greater density, or compactness, can be readily seen on your first mix.

Two forms of Enamodent are available through your supply house. One is for use in restoring anterior teeth; the other for bicuspid and molars. The properties of each are fully explained in our free booklet, Enamodent Filling Porcelains, which we shall be glad to send you.

Enamodent
Laboratories, Inc.

421 EAST WASHINGTON ST. . . . PORTLAND, OREGON

New York Office—22 E. 17th Street

Dentists Like NEO-CULTOL

Dentists like NEO-CULTOL both from a professional and personal standpoint. We know this because they have told us so. Dentists like NEO-CULTOL professionally because they can prescribe in cases of intestinal-intoxication and systemic toxemia, with the greatest safety and most beneficial results.

They like it personally for these reasons, plus the fact that it is delightfully agreeable to the taste and is not habit-forming.



Its effect arises from the lubricant action of the mineral oil jelly together with the function - restoring properties of *B. acidophilus*.

A liberal trial jar is awaiting you.

Send coupon!

The Arlington
Chemical Company,
Yonkers, New York

I would like to try a complimentary jar of Neo-Cultol.

Name.....

Address.....

CHILCAST

First Inlay Casting Gold...

to carry the seal guaranteeing compliance with the specifications for inlay casting golds, adopted by the American Dental Association at the Memphis meeting.

The physical properties of CHILCAST are high because castings made with it are sound and dense. This is due to the adaptability of its form (Prills) to blow-pipe technic.



CHILCAST No. 1—Inlay
CHILCAST No. 2—Abutments
meet the following requirements.

A. D. A. DETAIL REQUIREMENTS FOR INLAY GOLDS (GOLD COLOR)

Type	Gold and Platinum Metals	Silver	Brinell Number	Elongation 2-in. gage length	Yield Point	Fusion Temperature
	Per cent. Min.	Per cent. Min.—Max.	Min.—Max.	Per cent. Min.	Lb. per sq. in. Min.	°F Min.
A	83	3—12	40—75	18	1725
B	78	0—15	70—100	12*	22,000	1650
C	78	0—15	90—140	12*	27,000	1650

*This value shall be reduced $\frac{1}{2}$ of 1% for each 1% of platinum group metals in the alloy. 8% shall be the minimum elongation allowed for any alloy.
Note that above requirements apply only to Inlay Casting Golds (Gold Color).

VERNON-BENSHOFF COMPANY
1707 Clark Building Pittsburgh, Pa.

ALCOLITE

Is Laminated

—and that's what makes it
a better denture material

Alcolite has no secrets to withhold from the dental profession as to the nature of its composition. It is unique among nitrocellulose denture materials in that it is *laminated*—built up of many thin sheets laid cross-grain, like plywood. This in itself tends to prevent warpage. But an even more vital advantage is the use of a silicate binder between the laminations, which, under heat and tremendous pressure, fuses with the base material into a dense, homogeneous mass, and effectively seals in otherwise volatile constituents. . . . It is this silicate content of Alcolite that gives it its remarkable stability of shape—its resistance to penetration of moisture or stains—its freedom from objectionable odor or taste . . . Because of its laminated, silicate-bonded construction Alcolite costs a little more than other nitrocellulose materials, but is worth far more in the results it gives.

**Specify ALCOLITE for
*Lasting Satisfaction***

*Manufactured by ALCOLITE, INC., Widener Building
PHILADELPHIA, PA.*

Distributed by
THE RANSOM & RANDOLPH CO.
TOLEDO, OHIO

WILSON'S CO-RE-GA

(POWDERED)

THE PERFECT ADHESIVE
FOR DENTURES



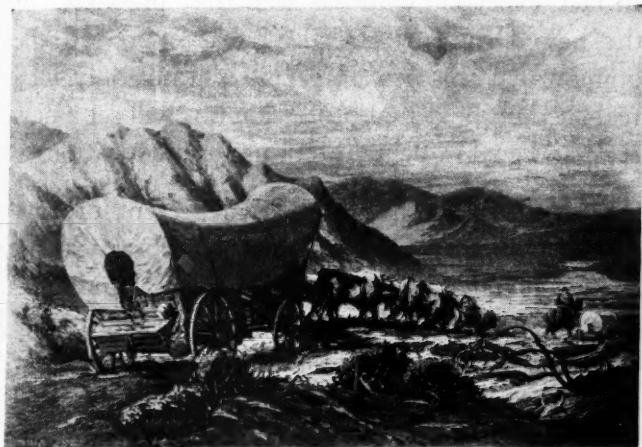
Wilson's CO-RE-GA is Used and Prescribed by more than One Hundred Thousand Dentists. Holds Dentures Firmly and Comfortably in Place while your Patients are Learning to Wear them ~ ~ ~

PLEASE SEND FREE SAMPLES FOR PATIENTS
Dr. _____

COREGA CHEMICAL CO.
209 ST. CLAIR AVE., N.W.
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This Coupon is for
Dentists use
Only

THE TRIAL SIZE COREGA
IS FURNISHED FREE
TO DENTISTS ~ ~ ~
Mail the Coupon
for YOUR
SUPPLY

PIONEERING



PIONEERING was not limited to the days of '59. May we have a few minutes of your time to tell you about some present-day pioneering in the field of dental literature?

The eyes of the dental profession have been focused on the prospect of the **new DENTAL DIGEST** ever since it was first announced last July. The profession is expecting something new and different in dental journalism and we confidently feel that no one will be disappointed.

At the recent meeting of the American Dental Association in Memphis, Tennessee, we submitted editorial plans and sample page proofs to many

(Continued on next page)

prominent members of the profession for their suggestions and criticisms. Hearty approval was voiced. In fact, everyone who has seen the "pre-view" of the **new DENTAL DIGEST** has expressed the opinion that this new magazine will not only fill a real need in the dental profession but will set a new style and goal in dental literature and education.

The **new DENTAL DIGEST** will present information of which the dentist may make practical use in his own office. Even the most technical and scientific information will be presented in a style adaptable to the uses of dentists in every type of practice. There will be no long essays in your **DENTAL DIGEST**. Fundamental, essential information will be presented in a style that makes for simplicity and ease of understanding.

Illustrations will take the place of words whenever they will better serve the purpose of demonstrating a method or theory. Many of these illustrations will occupy full pages and there will be a generous use of color to show physiological and pathological conditions.

The page size of this new magazine will harmonize with its other modern features. It will be approximately the size of *Time* and *The Literary Digest*, which will allow us to show many phases of technique, anatomy, pathological conditions, etc., that would be impossible with a smaller page.

SPECIAL OFFER



Are you interested in writing for the dental journals? Nearly every dentist is and it is a splendid way to develop ideas and advance one's self in the profession. It requires training, persistence and above all a knowledge of the fundamental requirements and structure of a good dental paper.

In order to assist dentists in the preparation of papers, either for the dental journals or for delivery at dental meetings, we have published a most interesting little book which covers the essential points of outline, form, construction, choice of words, style, punctuation—in fact all the usual stumbling-blocks in the path of the occasional writer.

This book entitled *Writing for the Dental Journals*, will be sent free to all new subscribers to THE

(Continued on next page)

DENTAL DIGEST. Every dentist should have it in his library as it will prove to be an invaluable aid in general correspondence and dental writing.

In order to obtain this book, merely fill out the postcard enclosed in this issue of ORAL HYGIENE and mail it without postage. Your DENTAL DIGEST subscription will not be billed to you until the first issue of THE DENTAL DIGEST reaches you.

You will want to save every copy of THE DENTAL DIGEST and as it will not be possible to guarantee back copies we urge you to reserve your subscription now. The subscription price will be \$2.00 per year in the United States, its possessions and all countries in Latin-America. In Canada and all other foreign countries, with the exception of Australia, it will be \$2.75 including postage and tax. In Australia the rate will be \$4.25.

This is your opportunity to reserve your complete file and, in addition, to obtain this interesting and helpful booklet, Writing for the Dental Journals, **without charge**. Send in the postcard or see your dental dealer at once. You will find the postcard in this issue of Oral Hygiene.

THE DENTAL DIGEST

1125 WOLFENDALE STREET
PITTSBURGH, PA.



ANNOUNCING
DENTETTES

The newer Dental X-ray film packets



*In handy 2-dozen and 1-gross checkered boxes. Single or 2-film.
Easily opened—a convenient rip-tab lifts on bending the packet*

THIN, round cornered, *easily opened* . . . Dentettes after many months of preparation are making their bow *at your dental supply house*. In two speeds . . . Regular . . . a standard film for years . . . and Sensitex . . . *a new film* . . . developed to meet the exacting requirements of modern radiography . . . Sensitex films require one-half the exposure of Regular . . . Both in all popular packings.

CELLOPHANE WRAPPED "KEEPS DUST AND MOISTURE OUT"

Send today for a Dentette Sampler

HODGSON DENTETTE CO., INC., ROCHESTER, N. Y.

ORDER DENTETTES—NOT DENTAL FILMS

HODGSON DENTETTE COMPANY, INC.
650 Driving Park Ave., Rochester, N. Y.

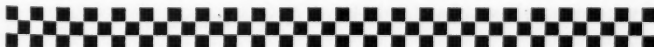
Without obligation, please send free "Sampler" of Dentettes

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STREET AND NO. _____

CITY AND STATE _____

DENTAL SUPPLY HOUSE _____





What if

the fan were merely defensive?

BEAUTY has enlisted all the arts and sciences to insure *and* prolong her reign, and the modern dentist who is alive to the true importance of his professional work is Beauty's High Priest. More depends on his ministrations than on any other single aid to Appearance.

Suppose you began to think of yourself not as the ordinary conception of a "beauty specialist," and not as the ordinary conception of a "dentist," but as a professional man whose every move was designed to improve Health and Appearance. You would be a bigger man in every way!

Trubyte

—have helped dentists to grow

Once you have made that point of view your own, you will see what this fundamental urge for Appearance *means* to you.

People pay real fees just in the *hope* that their Appearance will be improved—witness "face-lifting" operations! Now picture the needs and desires of your denture patients and make them "see" dentures for what they really are and what you can make them with Trubyte Teeth. The results in appreciation and fees will surprise you. Hundreds of your colleagues have proved this.

When we ask, "What if the fan were merely defensive?" it is only to bring home to you how this beauty would suffer if the fan were used to hide something that Trubyte Teeth would make unnecessary.

No matter what the restoration needed, there's a Trubyte tooth for it. The Trubyte Idea—Enhancing Appearance—will help you to Success.

RESTORATIONS  THAT RESTORE

The DENTISTS' SUPPLY COMPANY
of NEW YORK



Correctness of Design

Correctness of design is the biggest advantage of a tooth brush. Design is important. A tooth brush cannot be efficient unless the design is correct.

The DR. BUTLER TOOTH BRUSH is known throughout the country for its correctness of design. This, coupled with its superior qualities, makes the DR. BUTLER TOOTH BRUSH the most efficient brush in use.

Send coupon for our special introductory offer

JOHN O. BUTLER COMPANY,
7359 Cottage Grove Avenue, Chicago, Ill.

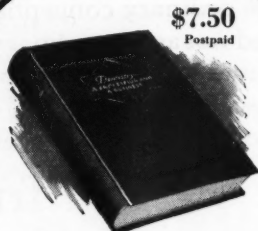
Enclosed find \$.20 for one brush.

- ☐ Medium Hard Bleached.
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Dr. A. B. William Suter's book, "Dentistry—A Profession and a Business", gives sound, comprehensive suggestions on practice building. Indispensable to the beginner . . . enlightening to the advanced practitioner. 400 instructive pages . . . 283 illustrations. Order today. Specify dealer through whom you wish it billed.

Ritter Dental Mfg. Co., Inc.
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A Very New Member of the "AJUSTO" Family "AJUSTO" Mechanical Tooth Separator-Polisher and Saw

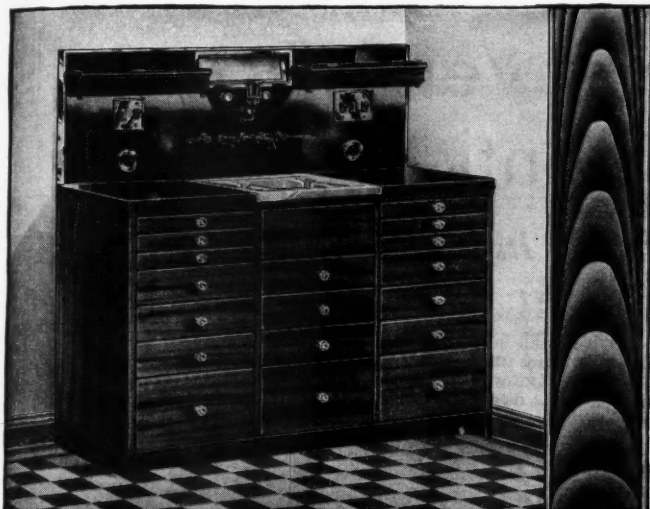
For attachment to, and only for use with the "AJUSTO" Contra Angle Set.

This instrument simply attaches to the "AJUSTO" Contra Angle main shank.



The "AJUSTO" mechanical separator and polisher has a number of very special uses for tooth preparation, separation, and polishing work. For use in smoothing gold and amalgam work, it fills a long-felt want. Fully guaranteed for one year . . . PRICE—including 7 separating saws and strips, \$12.00 . . . Have it demonstrated at your dealer or send direct to:

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A REAL ASSISTANT

The new American Dental Assistant's Cabinet No. 1330 is a valuable addition to the modern dental operating room.

The convenience of the electrical and plumbing equipment; hot or cold water supply, with elbow-acting faucet handles; and a sink with new features for dental convenience, add greatly to the efficiency of the dental assistant.

It has receptacles for the sterilizer or other appliance, with switches and pilot lights; non-glare, illuminated, black vitrolite working surface; etc.

Ask for Catalog

THE AMERICAN CABINET CO.

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THE AMERICAN CABINET COMPANY, Two Rivers, Wis.

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Preventive Dentistry

*urges its
regular use . . .*

Practically all modern dental authorities agree that acid is favorable to the growth of pathological germs in the mouth. Whatever reduces the acid and increases the alkalinity of the mouth tends to discourage the growth of germs and thereby to decrease the possibilities of caries.

This is the reason that an alkalizing agent, such as Phillips' Milk of Magnesia, used as a mouth wash is found beneficial as a preventive measure.

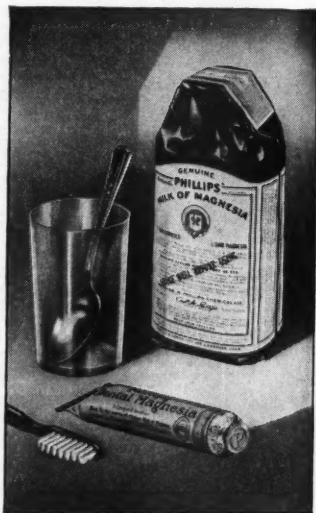
The acid-neutralizing power of Phillips' Milk of Magnesia is 3 times that of a saturated solution of sodium bicarbonate and 50 times that of lime water.

Because it is in perfect colloidal suspension, it has thorough surface contact and is very adhesive—thus prolonging its effectiveness. It is also soothing to mucous membranes and non-abrasive to enamel.

In line with your modern ideas of preventive dentistry, suggest a mouth wash of Phillips' Milk of Magnesia to your patients as one helpful means of protecting their teeth from ever-threatening caries.

PHILLIPS' Milk of Magnesia

Prepared only by the Chas. H. Phillips Chemical Co., New York, N.Y.



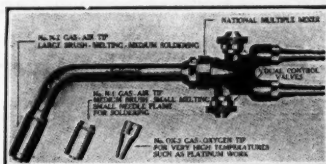
Combat destructive mouth acids these three ways:

- 1 Locally, by using Phillips' Milk of Magnesia as a mouth wash.
- 2 Locally, by using Phillips' Dental Magnesia (a tooth-paste) as an alkaline dentifrice.
- 3 Internally, by taking Phillips' Milk of Magnesia in small, regular doses.

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The **National Blowpipe No. 3** can be used successfully not only with manufactured gas but also with natural gas. This natural gas feature makes the **National Blowpipe** the most desirable blowpipe available. It delivers maximum heat, fully under control, most efficiently and it does not blow out under the most severe operating conditions.

Send coupon for information. You will save time and get better results with a **National Blowpipe No. 3**.



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Please send complete information and prices on National No. 3 Blowpipe.

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"Starting
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REMOVABLE ORTHODONTIC APPLIANCES

They will serve you best

BACON MANUFACTURING CO.
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The New T. M. C. Unit

Our new catalog will tell you about the many new and practical features. A splendid piece of equipment at a very modest price.

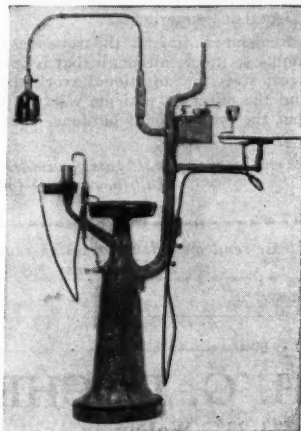
Adapters furnished for any of the well known engines or lights made.

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"It is a pleasure to report the results thus far obtained with your Dental-X, which was installed in this clinic about two years ago at a cost of \$595.00. This machine is very flexible, and has proved most durable. To the present time we have made over 100,000 exposures with the original tube; already it has passed expectations. Dr. Kendrick, who is in charge of our Dental Department, states that on busy days they make 15 or 16 full mouth rays, or 224 exposures, and have never had any fogging of the films. We thought you would be interested in knowing our experience with your machine. We are highly pleased with its performance."

(Signed) B. H. SHAWHAN, *Business Manager*
THE POLYCLINIC
Memphis, Tennessee

The "DENTAL-X"

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(This message is directed especially to those dentists who do not now have their own X-Ray equipment)

Not one, but hundreds and hundreds of users have told us that the "Dental-X" gives them perfect service, that it is simple and easy to use, and, best of all, that it more than pays its own way from the start. Read the letter reproduced above. Surely such performance proves "Dental-X" superiority.

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*Get the facts. It puts you under no obligation.
Mail the coupon—today.*

**You Can
PAY
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*Please send me full information regarding your new, improved "Dental-X"
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A high silver content is one of the factors that produces an alloy with the strength and stability of Crandall's.

Crandall's Alloy is cut in true filings, is tested, certified, dated, absolutely free from zinc.

Price per ounce

1 oz.	\$2.15
5 oz.	2.00
10 oz.	1.90
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Use Ultra-Violet, the Simple and Effective Treatment

You will find the results striking and gratifying—when you use Ultra-violet from a Britesun High-Intensity Dental Lamp in the treatment of dental disorders. The technique is as simple as it is effective. You simply radiate the mouth by short exposures every other day or twice a week. There is no pain or inconvenience connected with the treatments; there is no bleeding; there is no scarring; there is no fear of shocks; there is no need for grinding away any part of the tooth; and there is no follow-up home treatment.

Why not use this simple, clean, modern, regenerative bactericide and effective analgesic, as a routine measure in your post-operative work and in the treatment of Vincent's infection and other conditions?

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Send Dr. Bramer's booklet, free.

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IN Pyorrhea and those diseases affecting the gum tissues, mouth disinfection is an essential of successful treatment.

The gums become so sensitive that harsh methods cannot be used, and yet the gums must be kept free from irritating food residues.

In such cases Dioxogen performs a real service; it keeps the gums clear, destroys pus and exudates, controls bleeding and has no irritating action.

Upon request a free sample will be sent to dentists who are not familiar with Dioxogen.

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A Moderately Priced X-Ray that has *stood* the test of TIME

Our Model No. 1 X-Ray now is equipped with a Voltmeter as well as Milliammeter and the hydraulic Time Switch has been revised to operate in oil instead of water and requires practically no attention. A new Console type mahogany Cabinet with beautiful hand rubbed finish adds to the appearance. Send for new special folder giving details of the Weber Model No. 1 X-Ray.

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Prices include chromium plating

MAIL THIS COUPON NOW

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Without obligating me in any way,
please send details regarding your Weber
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Infection of the Buccal Tissues

ON account of its high glycerine content and other synergistic agents entering into its composition, a hot and thick layer of

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placed between the single layer of a piece of gauze and applied direct to the gums may be found of definite therapeutic value in reducing the inflammation and a useful adjunct to the general treatment.

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DAM IT MORE EFFECTIVELY—WITH DAM

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Heavy-thin	1.30
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Put Away a Coin a Day for the Relief Fund

Little Mickey Fosset, the five-year-old son of a Memphis Dentist, took one hundred pennies from his bank and contributed them to the Relief Fund.

He is going to put away a cent every day until the Buffalo Meeting and contribute them also.

What an example this five-year-old is setting us! Put away a coin, not necessarily a cent, every day for the next year for the Fund. What a glorious addition we can make to the Fund if we all do this.

Make it retroactive too, send in a coin for every day of the past year so that this year we may exceed all previous ones.

There are dentists who are in need. This money will help keep someone from the poor-house.



The Dental Relief Fund Committee

EDWARD G. LINK

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ONE OF THESE IS YOURS

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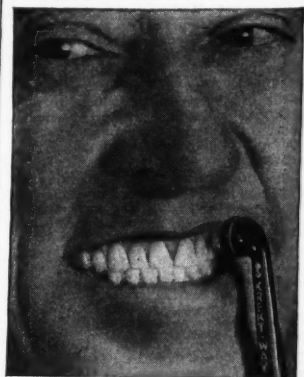


Krekt-Way brush tips are made in three different styles. There is a flat tip, a cupped tip whose concave center holds abrasives which the whirling motion cannot throw out, and a pointed tip with which you get direct pressure for cleaning the interproximal spaces.

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Krekt-Way Dental Polishing Brushes are scientifically designed for professional use. Try them yourself and be convinced. Mail the coupon below for booklets telling all about them and how to receive one free.



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*The Modern
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**TOOTH
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The Krekt-Way Toothbrush has corrected the wrongs of the old cross-wise motion toothbrushes and has proved itself to be scientifically designed. It's made to fit the mouth and teeth—to save tender gums, yet clean every tooth.



Send me by mail your 40 page booklet,....

Name _____

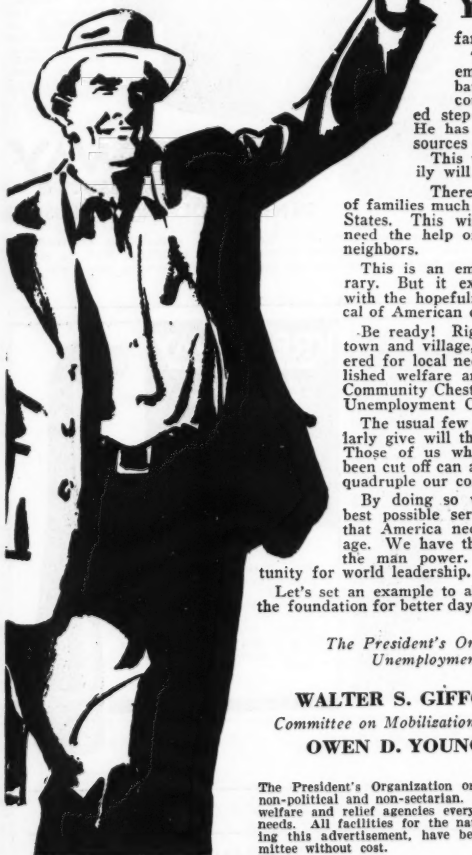
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LODONVILLE, OHIO, U.S.A.

Keep his head up—

and we'll all
come through!



YOU recognize this man. He lives in your own town, not far from you . . .

Though faced with unemployment, he is combating adversity with courage. He has retreated step by step, but fighting. He has spread his slender resources as far as they will go. This winter he and his family will need your help.

There are many other heads of families much like him in the United States. This winter all of them will need the help of their more fortunate neighbors.

This is an emergency. It is temporary. But it exists. It must be met with the hopefulness and resource typical of American conduct in emergencies.

Be ready! Right now in every city, town and village, funds are being gathered for local needs—through the established welfare and relief agencies, the Community Chest, or special Emergency Unemployment Committees . . .

The usual few dollars which we regularly give will this year not be enough. Those of us whose earnings have not been cut off can and must double, triple, quadruple our contributions.

By doing so we shall be doing the best possible service to ourselves. All that America needs right now is courage. We have the resources. We have the man power. We have the opportunity for world leadership.

Let's set an example to all the world. Let's lay the foundation for better days that are sure to come.

*The President's Organization on
Unemployment Relief*

WALTER S. GIFFORD, Director
Committee on Mobilization of Relief Resources
OWEN D. YOUNG, Chairman

The President's Organization on Unemployment Relief is non-political and non-sectarian. Its purpose is to aid local welfare and relief agencies everywhere to provide for local needs. All facilities for the nation-wide program, including this advertisement, have been furnished to the Committee without cost.



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Are you positive when you give your patient the finished denture that it is exact in every detail and that it properly fits the patient's mouth? If the denture passes these requirements, then you have a perfect right to be proud of your work.

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Every appliance scientific-
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Before the Operation . . . and After

In preparation for the operation, one tablespoonful of Agarol on retiring in place of the usual castor oil, will insure against gastric upset. Again, a few days later, when the patient begins to take nourishment, Agarol in half doses is the logical eliminant because it stimulates peristalsis gently without griping or pain.

AGAROL is the original mineral oil and agar-agar emulsion with phenolphthalein. It softens the intestinal contents and gently stimulates peristalsis.

Agarol is palatable without artificial flavoring and easy to take. The usual dose in chronic constipation is a tablespoonful, reduced as improvement takes place.

A SUPPLY GLADLY SENT FOR TRIAL

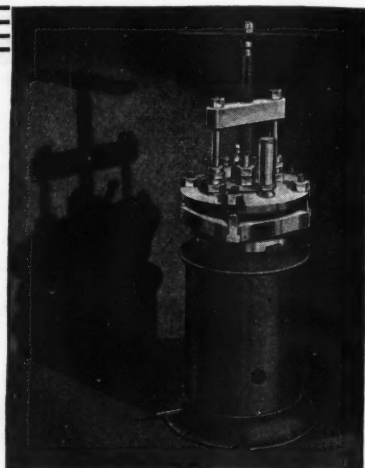
AGAROL for Constipation

WILLIAM R. WARNER & CO., Inc.

113 West 18th Street, New York City

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The Edson Principle



... is now available in a mammoth new Buffalo Dental Vulcanizer.

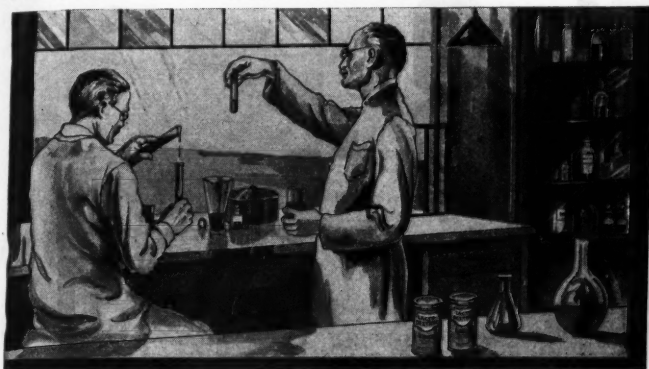
Its utility is unquestioned. The Edson vulcanizes rubber, cures condensites, and presses celluloid or pyroxylin, by heat and **POSITIVE HAND CONTROLLED SCREW PRESSURE.**

Everything inside the vulcanizer is non-ferrous, stainless, or rust-proofed metal. The pot is $5\frac{1}{4}$ inches inside diameter.

Heavy, sturdy and strong, the New Edson will find a permanent place among necessary pieces of equipment in private and commercial laboratories.

◆ **[[** A booklet showing this new Edson
will be mailed you on request.
Just tell us your name and address. **]]** ◆

BUFFALO DENTAL MFG. CO.
Kehr and Urban Sts. Buffalo, N. Y.



Two Drugless Aids

INTESTINAL putrefaction and constipation are frequently associated in some way with dental infection. Whether it be cause or effect, patients receiving dental attention often require a course of bowel hygiene to overcome toxemia and restore normal health.

LACTO-DEXTRIN and PSYLLA

Your patients will appreciate your recommendation of these two harmless and natural correctives.

Lacto-Dextrin (lactose 73% — dextrine 25%) — the food with a medicinal effect — combats intestinal putrefaction by promoting the growth of a normal intestinal flora.

Psylla — the *sterilized* seeds of plantago-psyllium — helps to correct constipation and promote bowel regulation by providing bland bulk and lubrication.

Let us send you trial tins of the above for trial in your practice. The coupon brings them to you.

THE BATTLE CREEK FOOD COMPANY

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Send me, without obligation, literature and trial tins of Lacto-Dextrin and Psylla.

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48 to



Astring-o-sol is the concentrated mouth-wash. Because it is used such a little at a time, every bottle can make 48 times its own volume.

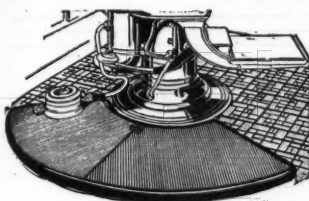
"LASTING GERMICIDAL ACTION"

**"THE RESULTS SUBSTANTIATE THE 48 TO 1
DILUTION WHICH YOU RECOMMEND
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UNBIASED laboratory investigations stand back of every claim made for Astring-o-sol. The quotations above are from a report of a leading bacteriologist. This report continues: "These tests show that Astring-o-sol also possesses superior penetrating power and that it exerts its antiseptic and germicidal action after penetration even in the presence of blood serum. Its action is not inhibited by organic matter to as great an extent as other preparations."

Astring-o-sol will be of assistance to you—for constant office use and when prescribed as a mouth-wash and gargle. Its pleasant taste and refreshing effect, the fact that it is a concentrate, its economy and convenience assure the popularity of Astring-o-sol with all patients to whom it is prescribed. Frederick Stearns & Company, Detroit, Michigan.

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*The finest of answers to the question,
"What shall I give Dr. Blank?"*

FROM wife or son or daughter to you—from yourself to your fellow dentist—from salesman to dentist customer—a Rubber Craft Foot Cushion is the ideal Christmas remembrance.

• *Practical*—with its base of yielding, deep sponge rubber, carrying away the strain from feet and legs, taking the sag out of the long day, keeping

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We'll be glad to send you a sample, Doctor, which will prove both points. The coupon will bring it. Be sure to specify color.

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RUBBER CRAFT PRODUCTS CO.
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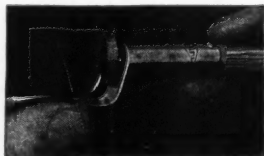
Send a free sample cross section.

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Clev-Dent Instrument Sharpener

Just a touch on the revolving stone of a Clev-Dent Instrument Sharpener renews the cutting edge of dulled cavity preparation instruments, carvers, and scalers.

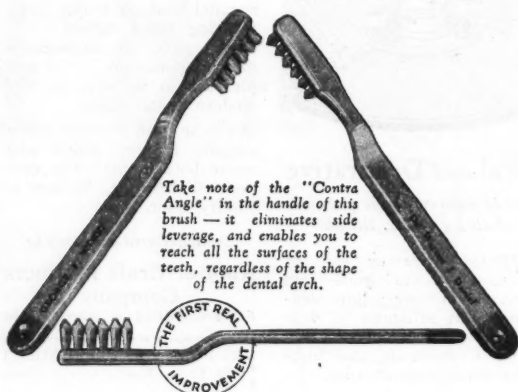
There are no cumbersome or complicated adjustments to be made. The guide or "steady rest" allows the instrument to be held against the stone so that the correct angle and bevel are maintained.



**Price
Including Stone
\$2.50**

The Clev-Dent Instrument Sharpener fits over any Cord Handpiece in the same way as Contra-Angle U. Also made for No. 7 Handpiece.

**The
Cleveland Dental Mfg. Co.
CLEVELAND, OHIO, U. S. A.**



Take note of the "Contra Angle" in the handle of this brush — it eliminates side leverage, and enables you to reach all the surfaces of the teeth, regardless of the shape of the dental arch.

Merry Xmas

All of your most important patients receive a great many greeting cards at Christmas time. They open the envelope, glance at the name to see if the sender is on their own Christmas card list, then toss each one in the heap with dozens of others and forget about them.

Here is an idea that will make your professional greeting card command more than a passing glance.

Send us the names of all of your worthwhile patients and we will imprint each one on the handle of a Rochester Contra-Angle Tooth Brush. When you send them out at Christmas time you can depend upon having made a favorable impression that will outlast the brush.

At small cost you can send a token that will be different and will carry your message of dental health.

Rochester Contra-Angle Tooth Brushes (without names imprinted):

In paper box container—\$4.00 dozen.

In paper box container—\$3.50 dozen in three dozen lots.

In paper box container—\$3.25 dozen in six dozen lots.

In paper box container—\$3.00 dozen in gross lots.

In celluloid container—\$1.00 dozen additional.

Imprinting individual names—12c each . . . Imprinting the dentist's name in lots of one dozen—10c each . . . Imprinting the dentist's name in lots of six dozen or more—8c each.

HARRY J. BOSWORTH COMPANY
341 EAST OHIO STREET CHICAGO, ILL.

THE PROBLEM OF NUTRITION BETWEEN TREATMENTS



After extractions, insertion of temporary fillings, abutments for crowns and bridges, etc., mastication becomes a matter of difficulty for many patients. They will seek your advice on the problem of obtaining adequate nutrition.

As part of your semi-soft diet why not suggest the use of Ovaltine—the new Swiss “food in a drink?” Your patients will relish the delicious flavor of Ovaltine as well as the fact that it is so readily digested and assimilated.

Ovaltine is an excellent reinforcement to the diet, because it builds strength and resistance and so helps Nature to throw off the effects of toxemia.

Many physicians and dentists suggest a “night-cap” of hot Ovaltine because it helps to lull nervous patients into a refreshing, healthful sleep.

Perhaps you would like to try Ovaltine in your own home. If so, just fill in and mail the coupon and a supply will be sent with our compliments.

[[Offer good only once *unless*
in special cases and limited
to dentists and physicians.]]

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The Swiss Food-Drink

Manufactured under License in U. S. A.
According to Original Swiss Formula

THE WANDER COMPANY, 180 No. Michigan Ave., Chicago, Ill.

Please send me, without charge, a regular size can of OVALTINE for my personal use.

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VULCANITE Makes Better Dentures



Three Essential Qualities of the Perfect Vulcanite

In the veneer rubber seek natural tissue appearance—it pleases your patients and helps obtain larger fees. In the base rubber seek strength—it makes lasting friends. And in both, easy workability, for then your laboratory can produce a better denture.

On all your dentures specify McCormick's Blended Pink and Base Rubbers.

Sold by all good dealers and
used by most good laboratories.

E. J. McCORMICK RUBBER CO., INC., PASSAIC, N. J.

McCORMICK'S IMPROVED BLENDED PINK

Most Faithfully Approximates the Natural Gum Tissue

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NATURAL SHADES

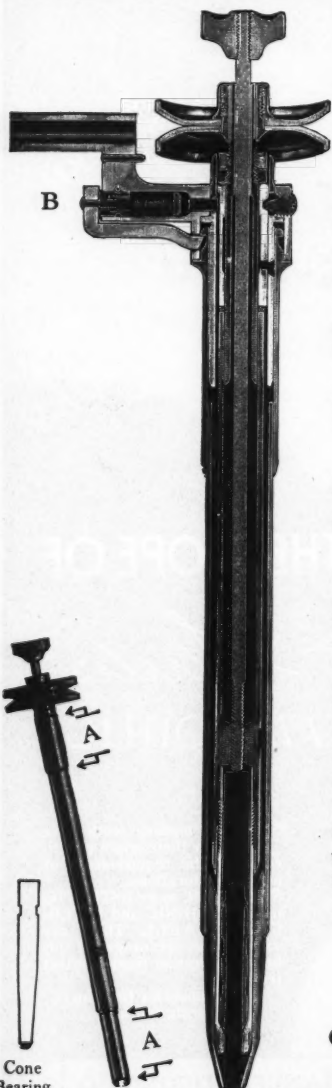
THE SCOPE OF

Steel's
INTERCHANGEABLE
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THESE modern teeth have within their scope practically all the requirements of perfect restorations. STRONGER, more ESTHETIC, more HYGIENIC and INTERCHANGEABLE. These are some of the advantages of this line of porcelain tissue contact teeth.

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A vertical section of the Sani-Terry Cord Handpiece reveals several major improvements in design which add to its convenience in use, smoothness in operation and long service. Notice especially:

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Channels which facilitate the distribution of oil to the working parts of the handpiece.

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NOTICE: Taxi Prophylactic Tablets are now available in boxes of 200 tablets. They cost but \$1.00 a box.

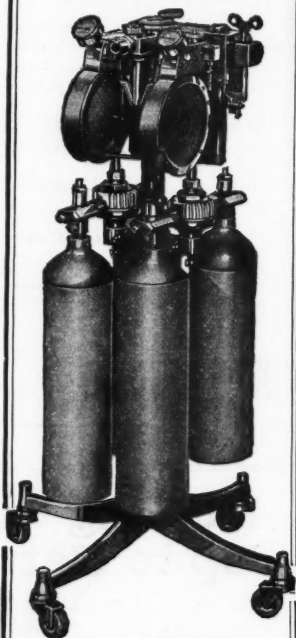
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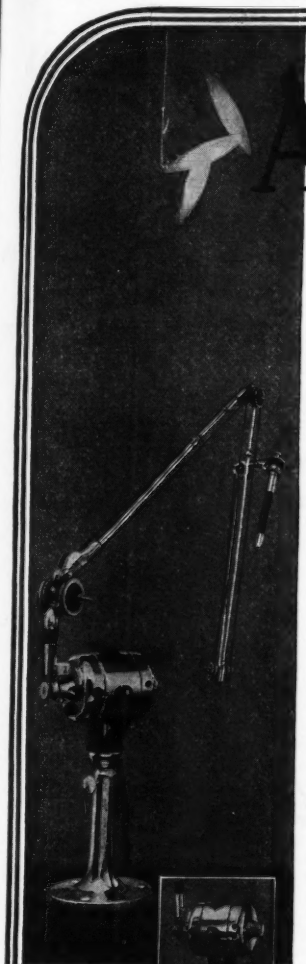
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Literature completely describing this new engine will be sent upon request.

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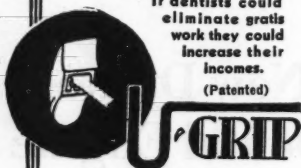
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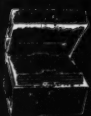
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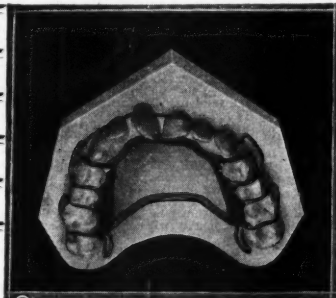
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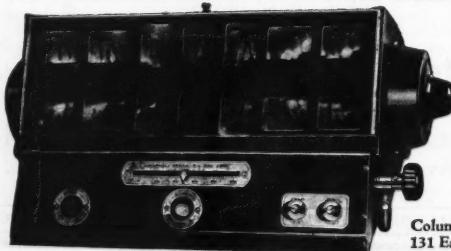
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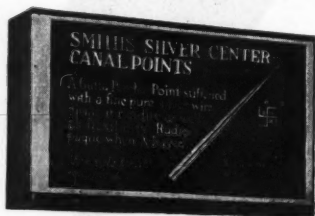
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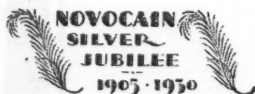
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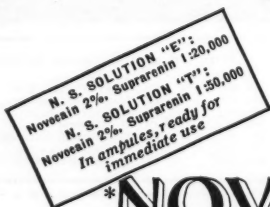
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See Pages 2761-2-3-4

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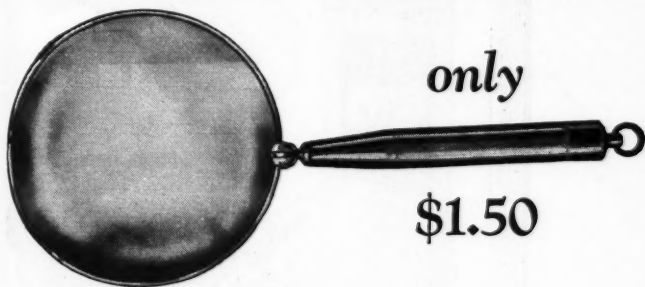


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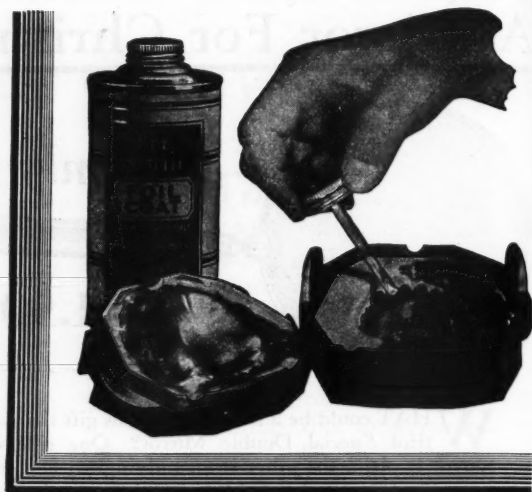
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2761-2764
of this issue of

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CHAPTER V. PUNCTUATION

PUNCTUATION marks are to the written page what pauses, emphasis and inflection are to spoken language. Set rules for mastering the finer shades of meaning in the use of punctuation marks are as difficult to formulate as set rules for pauses, emphasis and inflection in the art of oratory. Much must be left to the judgment of the writer and improvement will come only through practice. It is well to review the more important special rules of punctuation, but it is equally well to bear in mind that the present tendency is to use only such marks as will assist the reader to a clear understanding of the sentence.

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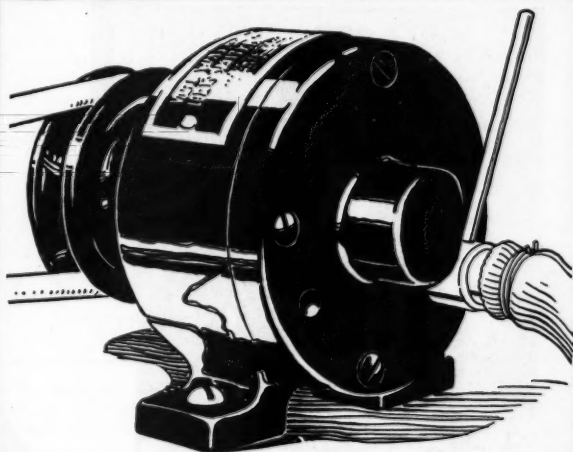
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Abbott Laboratories	2811	Hoffman-LaRoche, Inc.	2607
Agalyn Corporation	2744	Holland Specialty Company	2792
Alcolite, Inc.	2759	Hood Company, John	2702
Alkalol Company	2727	Iodent Chemical Co.	Insert
American Cabinet Co.	2769	Iteco Company	2716
American Hecolite Denture Corp.	2742-43	Ivory Co., J. W.	2729
American Stainless Steel Co.	2816	Jelenko & Co., J. F.	2700
Ames Co., W. V-B.	2710	Johnson & Johnson	2721-29
Angelica Jacket Co.	2712	Justrite Mfg. Co.	2811
Antidolor Mfg. Co.	2745	Kearns, Frank Read	2803
Arlington Chemical Co.	2757	Kellogg Company	2614-15
Artica-Pak Company	2797	King's Specialty Co.	2712-94-99
Ash, Sons & Co., Claudius	2798	Kleenex Company	2709
Atlantic Rubber Mfg. Co.	2776	Kojene Products Co.	2706
Bacon Mfg. Co.	2771	Kolynos Company	2715
Battle Creek Food Co.	2783	Krekt-Way Specialty Co.	2779
Bayer Company	2718	Lambert Pharmacal Co.	2722
Berry Dental Laby. Co.	2754-55	Leiman Brothers	2730
Binney & Smith Co.	2740	MacGregor Instrument Co.	2803
Boos, Henry P.	2616	McCormick Rubber Co., E. J.	2788
Bosworth Economic Institute	2786	McKesson Appliance Co.	2792
Bristol-Myers Co.	2605-4th cover	Masel Dental Laby.	2825
Britesun, Inc.	2773	Merrell Co., Wm. S.	2713
Broeker Laboratories	2825	Metz Laby., H. A.	2804
Buffalo Dental Mfg. Co.	2782	Mizzy, Inc.	2724-25
Burdick Corporation	2707	Mu-Col Company	2791
Burns Dental C. M. Co.	2717	National Aniline & Chemical Co.	2796
Butler Mfg. Co., John O.	2768	National Welding Equipment Co.	2771
Carlisle & Co., A.	2794	Ney Company, J. M.	2705
Calsodent Company	2731	Oakland Chemical Company	2774
Campho-Phenique Co.	2797	Ocey-Crystine Corp.	2723
Castle Co., Wilnot.	2827	Ohio Chemical & Mfg. Co.	2737
Cauvigny Brush Co.	2721	Parlisen Chemical Co.	2753
Central Dental Mfg. Co.	2771	Parker, White & Heyl, Inc.	2691
Chandler Dental Accounting System	2799	Patch Co., E. L.	Insert
Classified	2800	Pepsodent Company	2698-99
Cleveland Dental Mfg. Co.	2773-85-90	Petry Retainer Co., Jacob	2781
Colgate Company	2693	Phillips Chemical Co., Charles H.	2770
Columbia Dental & X-Ray Corp.	2800	Pineoleum Company	2799
Columbus Dental Mfg. Co.	2789	Prophylactic Brush Company	2748
Cook Laboratories	2745	Ransom & Randolph Co.	2738-39
Corega Chemical Co.	2760-2824	Rapell Dental Labys.	2823
Cratex Mfg. Co.	2732	Reliance Dental Mfg. Co.	2811
Crescent Dental Mfg. Co.	2815	Reynolds Sons Co., S. H.	2788
Crocker-Fels Company	2732	Ritter Dental Mfg. Co.	2711-68
Dee & Co., Thomas J.	2801	Rubber Craft Products Co.	2785
Dental Flosser Co.	2747	Scharmann, Gustav	2696
Dental Products Co.	2809	Scherling & Glatz, Inc.	2821
Dental Research Labys.	2814	Silv-O-Dent Co.	2740
Dental Specialty Co.	2813	Sitterly, Ralph M.	2768
Dentinol & Pyroside Co.	2nd cover	Smith & Son Mfg. Co., Lee S.	2734-35-50-51-2802-3-6-8-19-23
Dentists' Supply Co.	2736-66-67-Insert	Specialty Mfg. Co.	2805
Dent-Kraft Products Co.	2825	Spyco Smelting & Ref. Co.	2828-3rd cover
Denver Chemical Co.	2776	Squibb & Sons, E. R.	2708-41
Detroit Dental Mfg. Co.	2703	Stearns & Co., Frederick	2784
Dicks & Co., F. A.	2732	Steel Laboratories, Inc.	2752
Doherty Rubber Works, Eugene	2791	Surgident, Ltd.	2726
Drucker Co., August E.	2701	Sweet, Chester T.	2781
Dumore Company	2793	Theadontic Laboratories	2799
Eastman Kodak Co.	2697	Torit Mfg. Co.	2726
Enamodent Labys.	2756	Trent Laboratories	2746
Eureka Suction Company	2827	U-Grip Company	2794
Fischer & Co., H. G.	2772	V-B Corporation	2810-18
Forhan Company	2720	Vernon Benshoff Co.	2758
Forrest, Dr. J. M.	2732	Vince Laboratories, Inc.	2749
French & Co., S. H.	2813	Vortex Cup Company	2827
General Baking Company	2704	Walte & Bartlett Mfg. Co.	2807
General Electric X-Ray Corp.	2613-2728	Wander Company	2787
General Foods Corp.	2694	Warner & Co., Wm. R.	2733
Glazbrook Bros.	2788	Watkins Co., R. L.	2775
Goldsmith Bros. S. & Ref. Co.	2740	Weber Dental Mfg. Co.	Insert
Haley M-O Company	2795	Vernet Dental Mfg. Co.	2608-9-10-11
Hanovia Chemical & Mfg. Co.	2719	White Dental Mfg. Co., S. S.	2777
Hart Drug Corp.	2813	Williams Gold Ref. Co.	2895
Harvard Company	2714	Zonite Products Co.	
Heldbrink Company	2606		
Hodgson Dentette Co.	2765		

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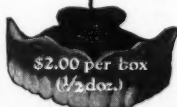
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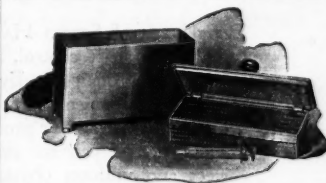


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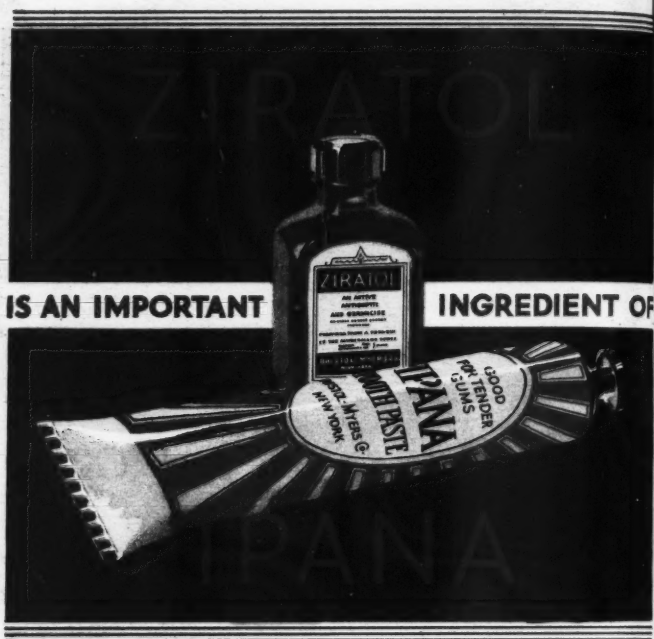


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